## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996 DOCUMENT #

J58167

(4)

NORMAN'S OF NEW YORK HAIR SALON, INC.

Principal Place of Business

Mailing Address

9045 LAFONTANA PLAZA BOGA RATON FL 33434

9045 LAFONTANA PLAZA BOCA RATON FL 33434 FILED Feb 20 1996 8:00 am Secretary of State

|--|--|--|--|--|--|

| Suite Apt. #, etc.    Suite Apt. #, etc.        | 2. Principal Pla               |  |                                       |                     |                                  |  |                         |                       |                                   |  |  |
|--|--------------------------------|--|---------------------------------------|---------------------|----------------------------------|--|-------------------------|-----------------------|-----------------------------------|--|--|
| 25 Suite: Apt. #, etc.  Suite: Apt. #, etc.  Suite: Apt. #, etc.  Suite: Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi  | <ol><li>Emmojosi Pla</li></ol> | 2 Principal Place of Business 2a Mailion Address   |                                       |                     |                                  |  | 02,                     | 14/19                 | 95                                |  |  |
| Suite Apt. #, etc.    Suite Apt. #, etc.   Suite Apt. #, etc.   Suite Apt. #, etc.   Scriffcate of Status Desired   \$8.75 Additional Fee Required   City & State   City & State   City & State   Status Desired   Status Desired   \$5.00 May Be Added to Fees   Additional Fee Required   Added to Fees   Additional Fee Required   Added to Fees   Additional Fee Required   Additional Fee Required   Additional Fee Required   Status Desired   Status Desire |                                | ace of Business                                    | F1                                    |                     |                                  |  |                         |                       | Applied For                       |  |  |
| 27   Country   St. Described   Solution        |                                |  | ·-·                                   |                     |                                  | 59-2775646   | ···                     |                       | Not Applicat                      |  |  |
| 28   | 27                             |  |                                       |                     | 5. Certificate of Status Desired |  |                         |                       | \$8.75 Additional<br>Fee Required |  |  |
| Zip Country Zip Country Signatures Signature S   | 1                              |  |                                       |                     |                                  |  |                         |                       |                                   |  |  |
| Plorida Statutes Stat   |                                | Country  | Zip                                   | Countr              |                                  |  | ility for intangula tay |                       |                                   |  |  |
| ARTZT, NORMAN M. 3180 HARRINGTON WAY BOCA RATON FL 33496  82 Street Address (P.O. Box Number is Not Acceptable)  83   Rational State of Fig.   84   City   FL   85   Zip Code   85   Zip Code   86   City   FL   86   Zip Code   87   City   FL   88   Zip Code   88   City   FL   89   Zip Code   89   City   FL   80   Zip Code   80   City   FL   80   Zip Code   81   City   FL   81   Zip Code   82   City   FL   85   Zip Code   83   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   Zip Code   86   City   FL   85   Zip Code   87   City   FL   85   Zip Code   88   City   FL   85   Zip Code   89   City   FL   85   Zip Code   89   City   FL   85   Zip Code   80   City   FL   85   Zip Code   81   City   FL   85   Zip Code   81   City   FL   85   Zip Code   82   City   FL   85   Zip Code   83   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   City   FL   85   Zip Code   88   City   FL   85   Zip Code   89   City   FL   85   Zip Code   89   City   FL   85   Zip Code   80   City   FL   85   Zip Code   81   City   FL   85   Zip Code   81   City   FL   85   Zip Code   82   City   FL   85   Zip Code   83   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   City   FL   85   Zip Code   86   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   City   FL   85   Zip Code   88   City   FL   85   Zip Code   89   City   FL   85   Zip Code   80   City   FL   85   Zip Code   80   City   FL   85   Zip Code   81   City   FL   85   Zip Code   81   City   FL   85   Zip Code   82   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   Zip Code   River   Ri   | 4                              | 25   | 29                                    | <b>⊢</b> ¬          | •                                |  |                         | undor 3               | 100.002,                          |  |  |
| ARTZT, NORMAN M.  3180 HARRINGTON WAY BOCA RATON FL 33496  82 Streat Address (P.O. Box Number is Not Acceptable)  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of our registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lambdamillar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SUperior, by editor plaint trunk of registered agent and titled agent and titled agent and titled agent and titled agent agent. I am involve the provision of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SUperior, by editor plaint trunk of registered agent and titled agent and titled agent agent agent agent agent agent agent agent agent. I am familiar with a provision of the purpose of changing its registered agent. I am familiar with a provision of Section 607.0505, Florida Statutes.  SIGNATURE  SUperior by a purpose of changing its registered agent agent agent agent agent agent agent. I am familiar with a provision of the purpose of changing its registered agent. I am familiar with a provision of section for constant agent agent agent. I am familiar with a provision of section for constant agent   |                                | <ol><li>Name and Address of Current</li></ol>      | ent Registered Agent                  |                     |                                  | 10. Name and Address of  | New Registered A        | gent                  |                                   |  |  |
| 3180 HARRINGTON WAY BOCA RATON FL 33496  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Landamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature  Sign   |                                |  |                                       | 8                   | Name                             |  |                         |                       |                                   |  |  |
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| 12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE P DELETE 1.1 THE DELETE AND DIRECTORS IN 12   | famil ar wit                   | eo agent, or both, in the State of Ho              | inda. Such change was authorizi       | eo by the cor       | named co<br>poration's           | orporation submits this statement for<br>board of directors. I hereby accept t | Abo a second de b       | ging its<br>egistered | registered off<br>d agent. I am   |  |  |
| TILE P DELETE 1.1 TILE DELETION AND DIALECTORS IN 12   | o charten                      | Standard, typed to printed manne of registered ag- | or and title diagratic able (NO       | TE: Brigistered Age | int signature re                 | expired when reinstating)  | DATE                    |                       |                                   |  |  |
| Line Notice   Notice   | 12.                            |  |                                       | 13.                 |                                  | ADDITIONS/CHANGES  | TO OFFICERS AND I       | DIRECTO               | DRS IN 12                         |  |  |
| ADTZT MODMAN M   | III.E                          | •  | ☐ DELETE                              | 1. 1 TITLE          |                                  |  |                         | Change                | Addition                          |  |  |
|  | NAME                           | artzt, norman m.                                   |                                       | 1.2 NAME            |                                  |  |                         |                       |                                   |  |  |
| STREET ADDRESS 3180 HARRINGTON WAY 1.3 STREET ADDRESS  | STREET ADDRESS                 | 3180 HARRINGTON WAY                                |                                       | 1.3 STREE           | I ADDRESS                        |  |                         |                       |                                   |  |  |
| GITY ST. ZIP BOCA RATON FL 1.4 CITY-ST-ZIP   | CITY ST ZIP                    | BOCA RATON FL                                      |                                       | 1.4 CITY -          | ST-ZIP                           |  |                         |                       |                                   |  |  |
|  | TULE                           |  | ☐ DELETE                              | 2 1 TILLE           |                                  |  |                         | Change                | ☐ Addition                        |  |  |
| NYM: ARTZT, JUDI A. 22 NAME  | NAM:                           |  |                                       | 2 2 NAME            | İ                                |  |                         |                       |                                   |  |  |
| STREET ADDRESS 3180 HARRINGTON WAY 23 STREET ADDRESS   | STREET ADDRESS                 |  |                                       | 2 3 STREE           | 1 ADDRESS                        |  |                         |                       |                                   |  |  |
| CHY-S1-ZIP BOCA RATON FL 24 CHY-S1-ZIP   |                                | BOCA RATON FL                                      |                                       | 2.4 CITY -          | ST - 2IP                         |  |                         |                       |                                   |  |  |
| THE DELETE 3.1 TITLE Change Addition   | TITLE                          |  | DELETE                                | 3. 1 TITLE          |                                  |  |                         | Change                | ☐ Addition                        |  |  |
| NAME 32 NAME   | NAME                           |  |                                       | 3 2 NAME            |                                  |  |                         |                       |                                   |  |  |
| STREET ADORESS 33 STREET ADDRESS   | STREET ADORESS                 |  |                                       | 33 STRE             | O ADDRESS                        |  |                         |                       |                                   |  |  |
| CHY ST ZIF 34 CHY-ST-ZIP   | ÖHAİ STI ME                    |  |                                       | 34 CIJY-            | ST-ZIP                           |  |                         |                       |                                   |  |  |
| TITLE DELETE 4 1 TITLE Change Addition   | TITLE                          |  | DELETE                                | 4 1 TITLE           |                                  |  |                         | Change                | Addition Addition                 |  |  |
| NAME 42 NAME   | NAMI.                          |  |                                       | 4.2 NAME            |                                  |  |                         |                       |                                   |  |  |
| SIRET ADDRESS 43 STREET ADDRESS  | S REET ADDRESS                 |  |                                       | 4 3 STREE           | F ADDRESS                        |  |                         |                       | ·                                 |  |  |
| CI:Y-\$1-ZIP 44 CIYY-\$1-ZIP   |                                |  |                                       | 4.4 CITY-           | ST - ZiP                         |  |                         |                       |                                   |  |  |
| DELETE 5 1 TITLE Change Addition   | n:ce                           |  | DELETE                                | 5 1 TITLE           | )                                |  |                         | Change                | Addition                          |  |  |
| NAME 52 NAME   | SAME                           |  |                                       | 5.2 NAME            |                                  |  |                         |                       |                                   |  |  |
| STREET ATORIESS 5.3 STREET ADDRESS   | STREET ACCORESS                |  |                                       | 5.3 STREE           | I ADDRESS                        |  |                         |                       |                                   |  |  |
| (.1°Y - S1 - ZIP   |                                |  | · · · · · · · · · · · · · · · · · · · | 5 4 CITY -          | ST - ZIP                         |  |                         |                       |                                   |  |  |
| DELETE   6   1   1   1   1   2     Change   Addition   | HTLF                           |  | DELETE                                | 6 1 THILE           |                                  |  |                         | Change                | Addition                          |  |  |
| NAME 62 NAME   | 14ME                           |  | ,                                     | 6.2 NAME            | ļ                                |  |                         |                       |                                   |  |  |
| STHEFT ADDRESS 63 STREET ADDRESS   | STREET ADDRESS                 |  |                                       | 63STREE             | I ADDRESS                        |  |                         |                       |                                   |  |  |
| C-IY-SI-ZIP  64 CITY-SI-ZIP  |                                |  |                                       | 6 4 City -          | ST - 7(P                         |  |                         |                       |                                   |  |  |

4. Foo hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER MONECTI

NORTH ALTET SIH96

488-5818