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

1. Corporation Name

DOCUMENT #

L99739

(9)

CUTS & STYLES FOR MEN, INC.

Principal Place of Business

Mailing Address

XXXXXXIIXXXXXXX MIXXX MIXXX XXXXXXXX



3a. Date of Last Report

04/06/1995

3. Date Incorporated or Qualified

09/10/1990

Principal Place of Business 2a. Mailing Address					09/10/1990	0	04/06/1995		
21 7350 N	N.LOCKWOOD RIDGE ROAD		7350 N.LOCKWOOD RIDGE ROAD		4. FEI Number 65-0217860			Applied For	
Suite, Apt.	. #₁ elc.	Suite, Apt. #, etc.			05 02 17 000			Not Applicat	
22		27			5. Certificate of Status Desired			75 Additional	
City & Stat	City & State				6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·		e Required	
710	T 0	28 SARASOTA, FL	34243		Trust Fund Contribution			00 May Be led to Fees	
342	243 Country	^{Z(p)} 34243	Country		8. This corporation has liability for	intangible tax	x under	s 199,032.	
	9. Name and Address of Current I	29 San	30		Florida Statutes 🔛 Yes	3 ∐No			
		To grand and and and and and and and and and	81 1	Name	10. Name and Address of New F	Registered A	gent		
GIALLO	OMBARDO, VICKIE S		["] '	varne					
XSAXX	Street Address P.O. Box Number is Not Acceptable. 7350 N.IOCKWOOD RIDGE ROAD 83 SARASOTA, FT. 34243								
BARAG									
				ONIMO	71A, F11 34243				
				City			85 Z	'ıp Code	
11. Pursuant t	to the provisions of Sections 607.0502 arred agent, or both, in the State of Florida, the and accept the obligations of Section	nd 607.1508, Florida Statutes	the above-nee	and correcti	on outposts this are	<u>FL</u>	1 1	•	
familiar wit	red agent, or both, in the State of Florida. th, and accept the obligations of, Section	Such change was authorized	by the corpora	tion's board o	on submits this statement for the pur of directors. I hereby accept the appo	pose of chan pintment as n	iging its	registered office	
SIGNATURE						munori do 1	-grateror	J agent. Harr	
	Signature typed or printed name of registered agent and	litle if applicable. (NOTE	Rogisterad Again, sign	THE WE REIDLIVEST with	en romalation				
12,	OFFICERS AND D	JIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	DATE ICEOS AND D	NOCOTY	200 1140	
ITLE	1	☐ DELETE	1. 1 TITLE		- STATISTICAL OF THE OFFI		Change	DRS IN 12	
IAME	GIALLOMBARDO, CHARLES V XXXXIVXXXIEXXXIEXXXIEX		1.2 NAME			⊏.5	onungo	L. Addition	
TREET ADDRESS	SAPASOTACHA SAPASOTACHA		1.3 STREET ADD	RESS 7350	N.LOCKWOOD RIDGE	מעסמ			
ITY-S1-ZIP	SD		1.4 CITY-ST-ZIF	SARA	ASOTA, FL 34243	TIC NATO			
IAME	GIALLOMBARDO, VICKIE S	DELETE	2 1 TITLE			(X)	Change	Addition	
TREET ADDRESS	XIOTALAMENATERIORY		2 2 NAME	1_					
ITY-ST-ZIP	SARASOTA PLXXX		2.3 STREET ADDR	ESS 7350	N. LOCKWOOD RIDGE	ROAD			
ITLE	AMERICANA	from the Park	2.4 CITY- S1 - 7IP	SARA	SOTA, FL 34243				
AME		DELETE	3. 1 TiTLE				Change	Addition	
TREET ADDRESS			3 2 NAME						
11Y-ST-ZIP			3.9. STREET ADDA	RESS					
TLE		DELETE	3.4 CITY - ST - ZIP						
AME		L Date Lite	4.1 TITLE				Change	Addition	
REET ADDRESS		,	4.2 NAME						
TY-ST-ZIP			4.3 STREET ADOR	ESS					
ILE		[7] DELETE	5.1 TITLE						
,ME		fill occurs	5.2 NAME				Change	Addition	
REE1 ADDRESS			5.3 STREET ADDRE	re e					
TY-ST-ZIP				355					
LE		DELETE	5.4 CITY-ST-ZIP 6-1 TITLE						
ME			6 2 NAME			ĽΙC	hange	Addition	
REET ADDRESS			6.3 STREET ADDRE	ee					
IY-ST-ZIP		i i							
 I do hereby of certify that the 	certify that the information supplied with the	his filing is voluntarily furni she d	and does not	gualify for the	exemption stated in Section 119 07	73MA Florida	Dial		
4. I do hereby o	certify that the information supplied with the information indicated on this annual region an officer or director of the corporation look 12 or Block 13 if changed, or on an	his filing is voluntarily furnished bort or supplemental annual re n or the receiver or trustee eng attachment with an address.	6400Y-S1-ZIP I and does not sport is true and cowered to exe	qualify for the Laccurate and cute this repo	exemption stated in Section 119.07 d that my signature shall have the sa ort as required by Chapter 607, Floric	(3)(k), Fi ime lega da Statu	lorida il effei ites; ¿	lorida Statute Il effect as if r Ites; and that	

Isable - Vickie S, Giallombardo 4-29-96 351-4636

FISIONING OFFICER ON DIRECTOR