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Mar 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99739

(9)

1. Corporation Name

CUTS & STYLES FOR MEN, INC.

Principal Place of Business

7350 N. LOCKWOOD RIDGE ROAD  
SARASOTA FL 34243  
US

Mailing Address

7350 N. LOCKWOOD RIDGE ROAD  
SARASOTA FL 34243-4527  
US

3. Date Incorporated or Qualified

09/10/1990

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIALLOMBARDO, VICKIE S  
7350 N. LOCKWOOD RIDGE ROAD  
SARASOTA FL 34243

81 Name

82 Street 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 office 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME GIALLOMBARDO, CHARLES V  
STREET ADDRESS 7350 N. LOCKWOOD RIDGE ROAD  
CITY - ST - ZIP SARASOTA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME GIALLOMBARDO, VICKIE S  
STREET ADDRESS 7350 N. LOCKWOOD RIDGE ROAD  
CITY - ST - ZIP SARASOTA FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE: Charles V. Giallombardo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles V. Giallombardo 3-5-97 351-4636

Date

Daytime Phone #

CR2E034 (9/96)