

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000078434 (6)

1. Corporation Name

JIGSAW HAIR SALONS, INC.

Principal Place of Business

7613 HOLLYWOOD BLVD
HOLLYWOOD FL 33024

Mailing Address

7613 HOLLYWOOD BLVD
HOLLYWOOD FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/12/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0448889	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

GRUBER, BARRY P ESO
3541 N 33RD TER
HOLLYWOOD FL 33021

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 completing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME ABRAHAMOFF, HAIM
STREET ADDRESS 9750 SW 12TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE DVS
NAME ABRAHAMOFF, SUZANNE
STREET ADDRESS 9750 SW 12TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ~~DB~~
NAME ~~MERCURIO, PHILLIP S~~
STREET ADDRESS ~~4552 HWY 10 WAY~~
CITY-ST-ZIP ~~PEMBROKE PINES FL~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

DELETE

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 in an attachment with an address.

SIGNATURE: ✓

Haim Abrahamoff

HAIM ABRAHAMOFF

4/26/95

Date

✓ 305-983-0900

(Type or Print Name)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR