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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:14

DOCUMENT # P94000028222 (5)

1. Corporation Name
HAIRCRAFTERS OF WINTER SPRINGS, INC.

Principal Place of Business	Mailing Address
250 ARDICE AVENUE EUSTIS FL 32726	250 ARDICE AVENUE EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/13/1994
3a. Date of Last Report:

2. Principal Place of Business 21 Red Willow Plaza 5876 Red Bug Lake Road	2a. Mailing Address 26 125 South Service Road	4. FEI Number 11-3206645	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 265	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Winter Springs, FL	City & State 28 Jericho, New York 11753	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32765 / 25	Zip / Country 29 11753 / 30 Nassau	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREAT EXPECTATIONS PRECISION HAIRCUTTERS OF UNIVERSITY MALL, INC. 7171 N. DAVIS HIGHWAY PENSACOLA FL 32504	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MARCUS, MARVIN	1.2 NAME	
STREET ADDRESS	125 S. SERVICE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY 11753	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	VON LIEBERMAN, DON	2.2 NAME	
STREET ADDRESS	125 S. SERVICE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY 11753	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KRAMER, MICHAEL	3.2 NAME	
STREET ADDRESS	125 S. SERVICE ROAD	3.3. STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY 11753	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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] Treasurer Michael Kramer 1-18-95 (516) 334-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040763 CP