

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000028222 (5)**

1. Corporation Name

HAIRCRAFTERS OF WINTER SPRINGS, INC.



Principal Place of Business

**RED WILLOW PLAZA
5876 RED BUG LAKE ROAD
WINTER SPRINGS FL 32765
US**

Mailing Address

**125 SOUTH SERVICE ROAD
P O BOX 265 N/A
JERICHO NE 11753
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/13/1994

3a. Date of Last Report

01/31/1995

4. FEI Number

11-3206645

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

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

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D
NAME
MARCUS, MARVIN
STREET ADDRESS
125 S. SERVICE ROAD
CITY-ST-ZIP
JERICHO NY 11753**

☐ DELETE

**D
NAME
VON LIEBERMAN, DON
STREET ADDRESS
125 S. SERVICE ROAD
CITY-ST-ZIP
JERICHO NY 11753**

☐ DELETE

**D
NAME
KRAMER, MICHAEL
STREET ADDRESS
125 S. SERVICE ROAD
CITY-ST-ZIP
JERICHO NY 11753**

☐ DELETE

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NAME
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STREET ADDRESS
125 S. SERVICE ROAD
CITY-ST-ZIP
JERICHO NY 11753**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/D

T/D

**S
LOUISE BATES
125 S SERVICE ROAD
JERICHO NY 11753**

400001809244

-05/06/96--01035--048

*****200.00**

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)(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.

MICHAEL KRAMER

4-25-96

516-334-8400

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)