FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIF

CITY-ST-ZIP

TITLE

NAME



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000028224 (1)

HAIRCRAFTERS OF EUSTIS, INC.

Mailing Address Principal Place of Business 125 SOUTH SERVICE ROAD **EUSTIS SOUARE** 250 ARDICE AVENUE P O BOX 265 **EUSTIS FL 32766** JERICHO NY 11753-0265 3a. Date of Last Report 3. Date Incorporated or Qualified 04/13/1994 05/06/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 11-3206642 Not Applicable Sulte. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zin Country 8. This corporation has liability for intangible tax under s. 199.032, ☐ Yes ★★No 24 25 29 30 Elorida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GREAT EXPECTATIONS PRECISION HAIRCUTTERS OF UNIVERSITY MALL, INC. Street Address (P.O. Box Number is Not Acceptable) 7171 N. DAVIS HIGHWAY 83 PENSACOLA FL 32504 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** (NOTE: Registered Agest signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change Addition TITLE 1.1 1171.6 MARCUS, MARVIN NAME 1.2 NAME 125 S. SERVICE ROAD STREET ADDRESS 1.3 STREET ADDRESS **JERICHO NY 11753** CITY-ST-ZIP 1.4 CITY - \$1 - 7)P PD DELETE Change Addition TITLE 2.1 TITLE VON LIEBERMAN, DON NAME 22 NAME 125 S. SERVICE ROAD STREET ADDRESS 2.3 STREET ADDRESS **JERICHO NY 11753** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TD TALE 3.1 TO LE KRAMER, MICHAEL NAME 125 S. SERVICE ROAD STREET ADDRESS 3.3 STREET ADDRESS **JERICHO NY 11753** CITY-ST-ZIP 3.4 CITY- \$1-7IP DELFTE Change Addition TITLE 4.1 TITLE **BATES, LOUISE** NAME 4 2 NAMI 125 S. SERVICE ROAD STREET ADDRESS 4.3 STREET ADORESS **JERICHO NY 11753** CITY-ST-ZIP 4.4 CHY+S1+2IP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this annual report of supplemental angual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the received furustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 3 if chapted, or in an appear with an address.

MICTIAEL KRAPLER

5.3 STREET ADDRESS

5.4 CHTY - ST - ZIP

61 TITLE

6.2 NAME

DELETE

Change

Addition

FILED

May 06 1997 8:00am

Secretary of State