

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000028224 (1)

1. Corporation Name
HAIRCRAFTERS OF EUSTIS, INC.

Principal Place of Business

**EUSTIS SQUARE
250 ARDICE AVENUE
EUSTIS FL 32708**

Mailing Address

**125 SOUTH SERVICE ROAD
P O BOX 265
JERICHO NY 11753
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 6900 Jericho Turnpike 27 Suite, Apt. #, etc. 28 Syosset, NY 29 Zip 11791 Country Nassau		3. Date Incorporated or Qualified 04/13/1994 4. FEI Number 11-3206642 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent

**GREAT EXPECTATIONS PRECISION HAIRCUTTERS
OF UNIVERSITY MALL, INC.
7171 N. DAVIS HIGHWAY
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, MARVIN	1.2 NAME	
STREET ADDRESS	125 S. SERVICE ROAD	1.3 STREET ADDRESS	6900 Jericho Turnpike
CITY-ST-ZIP	JERICHO NY 11753	1.4 CITY-ST-ZIP	Syosset, NY 11791
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON LIEBERMAN, DON	2.2 NAME	
STREET ADDRESS	125 S. SERVICE ROAD	2.3 STREET ADDRESS	6900 Jericho Turnpike
CITY-ST-ZIP	JERICHO NY 11753	2.4 CITY-ST-ZIP	Syosset, NY 11791
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, MICHAEL	3.2 NAME	
STREET ADDRESS	125 S. SERVICE ROAD	3.3 STREET ADDRESS	6900 Jericho Turnpike
CITY-ST-ZIP	JERICHO NY 11753	3.4 CITY-ST-ZIP	Syosset, NY 11791
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, LOUISE	4.2 NAME	
STREET ADDRESS	125 S. SERVICE ROAD	4.3 STREET ADDRESS	6900 Jericho Turnpike
CITY-ST-ZIP	JERICHO NY 11753	4.4 CITY-ST-ZIP	Syosset, NY 11791
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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.

CR2E034 (10/97)