

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000028226 (6)

1. Corporation Name

HAIRCRAFTERS OF ZEPHYRHILLS, INC.

Principal Place of Business

7302 GALL BLVD
ZEPHYRHILLS FL 33541
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

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

3. Date Incorporated or Qualified

04/13/1994

3a. Date of Last Report

01/30/1995

4. FEI Number

11-3206644

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

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 the State of Florida

(NOTE: Registered Agent signature required when not applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCUS, MARVIN	
STREET ADDRESS	125 S. SERVICE ROAD	
CITY- ST- ZIP	JERICHO NY 11753	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VON LIEBERMAN, DON	
STREET ADDRESS	125 S. SERVICE ROAD	
CITY- ST- ZIP	JERICHO NY 11753	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KRAMER, MICHAEL	
STREET ADDRESS	125 S. SERVICE ROAD	
CITY- ST- ZIP	JERICHO NY 11753	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOUISE BATES
4.3 STREET ADDRESS	125 S SERVICE ROAD
4.4 CITY- ST- ZIP	JERICHO NY 11753
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	400001809234
6.2 NAME	-05/06/96--01035--044
6.3 STREET ADDRESS	***200.00
6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 both, attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL KRAMER 4-25-96 5163348400

Date

Daytime Phone

CR2E034 (12/95)