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FILED

May 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000028230 (8)

1. Corporation Name

HAIRCRAFTERS OF WINTER HAVEN, INC.

Principal Place of Business

CYPRESS GROVE PLAZA  
8674 CYPRESS GARDENS BLVD  
WINTER HAVEN FL 33880  
US

Mailing Address

125 SOUTH SERVICE ROAD  
250 ARDICE AVENUE  
JERICHO NY 11753-1008  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 125 South Service Rd.  
Suite, Apt. #, etc.

27 City & State

28 Jericho, NY

Zip

Country

29 11753-1008

30 US

3. Date Incorporated or Qualified

04/13/1994

3a. Date of Last Report

05/06/1996

4. FEI Number

11-3206643

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. 198.032,  
Florida Statutes

☐ Yes ☒ No

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME S  
BATES, LOUISE  
STREET ADDRESS 125 S. SERVICE ROAD  
CITY-ST-ZIP JERICHO NY 11753

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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 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. MICHAEL KRAMER

SIGNATURE

CR2E034 (9/96)