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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # P95000063730 (2) 1. Corporation Name HAIRCRAFTERS OF SEMINOLE, INC. | | | | | | | | | |
|--|---|--|---------------------------|---|---|-----------------------------------|--------------------------------|-------------------|--|
| | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | IN COUNTY OF THE PARTY | O PATI IOO | O HILA DEN MON | |
| 125 SOUTH SERVICE ROAD JERICHO NY 11753 | | 125 SOUTH SERVICE ROAD JERICHO NY 11753 | | | | | | | |
| | | | | | 3. Date Incorporated or Qualified 08/17/1995 | 3a. Date | of Last Re | port | |
| 2. Principal Pla | ice of Business | 2a. Mailing Address 26 | | | 4. FEI Number 11-3282292 | Applied For Not Applicable | | | |
| Suite, Apt. # | t, etc. | Suite Apt. #, etc | | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | | |
| Zip | Country 25 | 7.p | Country | | 8. This corporation has liability fo | r intangible tax s X No | | | |
| 24 | 9. Name and Address of Current | | 30 | | 10. Name and Address of New | | aent | | |
| | | | 81 | Name | | | | | |
| GREAT EXPECTATIONS PRECISION HAIRCUTTERS O F UNIVERSITY MALL, INC. 7171 N. DAVIS HIGHWAY | | | 62 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | 83 | | 77 / | | - | | |
| | OLA FL 32504 | | | City | | | 85 Zip | Code | |
| 44 0 | - No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | inc. the character | | stick a least to this of storage of the this | FL et abar | l l | asiatorasi offica | |
| or register familiar wit | o the provisions of Sections 607,0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Section | and 607.1506, Florida Statut a. Such change was authoriz on 607.0506, Florida Statutes | red by the corp 3. | named corpor noration's boa | rd of directors. Thereby accept the ap | pointment as r | egistered | agent. I am | |
| SIGNATURE _ | Signature, typud or printest har in of registered age of a | | CE Registered Ages | | | TAC | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OF | | | | |
| TITLE | D | ☐ DELETE | 1 1 TITLE | | P/D | |] Change | X Addition | |
| NAME | LIEBERMANN, DON VON | | 1.2 NAME | | | | | } | |
| STREET ADDRESS | 125 SOUTH SERVICE ROAD | | 1.3.518661 | T ADDRESS | | | | | |
| CITY - ST - ZIP | JERICHO NY 11753 | ET OFICE | 1.4 CITY - 5 | ST-ZIP | | | 2 (1 | 53 4445 | |
| TETLE | D NOTHER MOUNT | DELETE | 2 1 TITLE | | T/D | |) Change | Addit on | |
| NAME | KRAMER, MICHAEL 125 SOUTH SERVICE ROAD | | 2.2 NAME | | | | | | |
| STREET ADDRESS | JERICHO NY 11753 | | 23 \$1881 | 1 | | | | | |
| C:TY - ST - Z:P | D | DELETE | 2.4 Cily - 5 3.1 TiTLE | 51-Zir | | 0855 | T Change | Addition | |
| NAME | MARCUS, MARVIN | L.J | 3.2 NAME | 1 | -05/06/36UI | U35U4 | 3 " " | | |
| STREET ADDRESS | 125 SOUTH SERVICE ROAD | | | LADORESS | ***200.00 | | | | |
| CiTY-ST-ZiP | JERICHO NY 11753 | | 3.4 City - 5 | | | | | Ì | |
| TITLE | D | ★ DELETE | 4 1 TITLE | <u> </u> | S . | <u>x</u> |] Change | Addition | |
| NAME | ROSEMAN, ELISSA | | 4 2 NAME | | LOUI SE BATES | | | | |
| STREET ADDRESS | 125 SOUTH SERVICE ROAD | | 4.3.\$1466 | T ADDRESS | 125 S Service R | oad | | | |
| CITY - ST - ZIP | JERICHO NY 11753 | | 4.4 C-TY : | ST - ZIP | JERICHO NY 117 | | | | |
| TITLE | | DELETE | 5 1 Tallet | | | |] Change | Addition | |
| NAME | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | | | 53 STREE | I ADDRESS | | | | | |
| CITY - ST - ZIP | | | 5.4 CITY - 5 | ST-7/P | | | 7.0 | | |
| TITLE | | ☐ DELETE | 6 1 11'1.5 | | | |] Change | Addition | |
| NAME | | | 6.2 NAME | | | | | | |
| STREET ADDRESS | | | | FADDRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 CITY - 1 | S1 - Zi ^o | f. the second and testing of the second | 0.03:0:0: 51- | | | |

14. I do hereby certify that the information supplied with this fring 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 cell; 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 glunged or an attachment with an address

SIGNATURE

SIG

SIGNATURE AND TYPED OF PRINTED NAME OF SESSIING OFFICER OF DIRECTOR 4-25-96. 516-334-β400 55-6-96 CR2E034 (12/95)