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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 # P95000063730 (2)

1. Corporation Name
HAIRCRAFTERS OF SEMINOLE, INC.



Principal Place of Business
125 SOUTH SERVICE ROAD
JERICHO NY 11753

Mailing Address
125 SOUTH SERVICE ROAD
JERICHO NY 11753-1008

3. Date Incorporated or Qualified
08/17/1995

3a. Date of Last Report
05/06/1996

2. Principal Place of Business

21 9140 Seminole Blvd.
Suite, Apt. #, etc.

22 City & State

23 Seminole, FL 34642
Zip Country

24 34642 25 US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number
11-3282292

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

9. Name and Address of Current Registered Agent

GREAT EXPECTATIONS PRECISION HAIRCUTTERS O
F 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

OFFICERS AND DIRECTORS

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 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 appointment with an address.

SIGNATURE:

MICHAEL KRAMER

4/30/97

516-334-8400

CR2E034 (9/96)