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FILED
May 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000010546 (4)**

1. Corporation Name

HAIRCRAFTERS OF HOMOSASSA, INC.



Principal Place of Business

Mailing Address

**125 SOUTH SERVICE ROAD
JERICO NY 11753**

**125 SOUTH SERVICE ROAD
JERICO NY 11753**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **VON LIEBERMANN, DON**
STREET ADDRESS **125 SOUTH SERVICE ROAD**
CITY-ST-ZIP **JERICO NY 11753**

TITLE **D** ☐ DELETE

NAME **KRAMER, MICHAEL**
STREET ADDRESS **125 SOUTH SERVICE ROAD**
CITY-ST-ZIP **JERICO NY 11753**

TITLE **D** ☐ DELETE

NAME **MARCUS, MARVIN**
STREET ADDRESS **125 SOUTH SERVICE ROAD**
CITY-ST-ZIP **JERICO NY 11753**

TITLE **D** ☐ DELETE

NAME **BATES, LOUIS**
STREET ADDRESS **125 SOUTH SERVICE ROAD**
CITY-ST-ZIP **JERICO NY 11753**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **6900 Jericho Turnpike**

1.4 CITY-ST-ZIP **Syosset, New York 11791**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **6900 Jericho Turnpike**

2.4 CITY-ST-ZIP **Syosset, New York 11791**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **6900 Jericho Turnpike**

3.4 CITY-ST-ZIP **Syosset, New York 11791**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS **6900 Jericho Turnpike**

4.4 CITY-ST-ZIP **Syosset, New York 11791**

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 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.

SIGNATURE

[Signature]

DATE

[Signature]

CR2E034 (10/97)