

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000013432 (4)**

1. Corporation Name

HAIRCRAFTERS OF BUSHNELL, INC.

Principal Place of Business

**125 SOUTH SERVICE ROAD
JERICHO NY 11753**

Mailing Address

**125 SOUTH SERVICE ROAD
JERICHO NY 11753**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/11/1997	
21		26	6900 Jericho Turnpike	4. FEI Number 11-3366239	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28	Syosset, New York		
Zip	Country	Zip	Country		
24		29	11791	30	Nassau

9. Name and Address of Current Registered Agent

**GREAT EXPECTATIONS PRECISION HAIRCUTTERS O
F 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

10. Name and Address of New Registered Agent

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIBERMANN, DON VON	1.2 NAME	
STREET ADDRESS	125 SOUTH SERVICE ROAD	1.3 STREET ADDRESS	6900 Jericho Turnpike
CITY-ST-ZIP	JERICHO NY 11753	1.4 CITY-ST-ZIP	Syosset, New York 11791
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, MICHAEL	2.2 NAME	6900 Jericho Turnpike
STREET ADDRESS	125 SOUTH SERVICE ROAD	2.3 STREET ADDRESS	Syosset, New York 11791
CITY-ST-ZIP	JERICHO NY 11753	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, MARVIN	3.2 NAME	
STREET ADDRESS	125 SOUTH SERVICE ROAD	3.3 STREET ADDRESS	6900 Jericho Turnpike
CITY-ST-ZIP	JERICHO NY 11753	3.4 CITY-ST-ZIP	Syosset, New York 11791
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, LOUIS	4.2 NAME	
STREET ADDRESS	125 SOUTH SERVICE ROAD	4.3 STREET ADDRESS	6900 Jericho Turnpike
CITY-ST-ZIP	JERICHO NY 11753	4.4 CITY-ST-ZIP	Syosset, New York 11791
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Marvin Marcus

Marvin Marcus

4-17-98 514-637-4234

CR2E034 (10/97)