FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

'95 MAR -3 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S59889** **(3)**

1. Corporation Name

THOMAS MORRISSEY SALON, INC.

Principal Place of Business	Mailing Address
38 VIA MIZNER WORTH AVENUE PALM BEACH FL 33480	C/O CHUMSKY, COLLINS AND MONTARULI 450 SUNRISE HWY. ROCKVILLE CENTRE NY 11570 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/14/1991	03/21/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0273586 ☐ 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	10. Name and Address of New Registered Agent
ALLEN, C. STEPHEN SUITE 340 4830 W. KENNEDY BLVD. TAMPA FL 33609	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 _____ (NOTE: Registered Agent Signature required for electronic filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
011 TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MORRISSEY, THOMAS	12 NAME	
STREET ADDRESS	525 PARK AVE., SUITE 3D	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	TORRE, MICHAEL S.	22 NAME	
STREET ADDRESS	390 NORTH BROADWAY	23 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SCHECHTER, MARVIN	32 NAME	
STREET ADDRESS	390 NORTH BROADWAY	33 STREET ADDRESS	
CITY-ST-ZIP	JERICHO NY	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	FENER, CAROLYN T.	42 NAME	
STREET ADDRESS	301 COCONUT ROW	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	CHUMSKY, ALVIN L.	52 NAME	
STREET ADDRESS	764 IMPERIAL DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	BALDWIN NY	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SCHIMMEL, MICHAEL	62 NAME	
STREET ADDRESS	71-11 YELLOWSTONE BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	FOREST HILLS NY	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thomas E. Morrissey 2-15-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR/710 FF