FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
THOMAS MORRISSEY SALON, INC.

Principal Place of Business
38 VIA MIZNER WORTH AVENUE
PALM BEACH FL 33480

Mailing Address
C/O CHUMSKY, COLLINS AND MONTARULI
450 SUNRISE HWY.
ROCKVILLE CENTRE NY 11570
US

3. Date Incorporated or Qualified: 06/14/1991
3a. Date of Last Report: 03/03/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 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**

ALLEN, C. STEPHEN
SUITE 340
4830 W. KENNEDY BLVD.
TAMPA FL 33609

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MORRISSEY, THOMAS	
STREET ADDRESS	525 PARK AVE., SUITE 3D	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SD	☐ DELETE
NAME	TORRE, MICHAEL S.	
STREET ADDRESS	390 NORTH BROADWAY	
CITY-ST-ZIP	JERICHO NY	
TITLE	D	☐ DELETE
NAME	SCHECHTER, MARVIN	
STREET ADDRESS	390 NORTH BROADWAY	
CITY-ST-ZIP	JERICHO NY	
TITLE	VD	☐ DELETE
NAME	FENER, CAROLYN T.	
STREET ADDRESS	301 COCONUT ROW	
CITY-ST-ZIP	PALM BCH. FL	
TITLE	TD	☐ DELETE
NAME	CHUMSKY, ALVIN L.	
STREET ADDRESS	764 IMPERIAL DRIVE	
CITY-ST-ZIP	BALDWIN NY	
TITLE	D	☐ DELETE
NAME	SCHIMMEL, MICHAEL	
STREET ADDRESS	71-11 YELLOWSTONE BLVD.	
CITY-ST-ZIP	FOREST HILLS NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #