SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/3/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 26 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **S64814** **(4)**

1. Corporation Name

HAIR CLUB FOR MEN OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
9402 BAYMEADOWS ROAD #230 JACKSONVILLE FL 32256 US	149 MADISON AVE. 10TH FLOOR NEW YORK NY 10016 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1991
3a. Date of Last Report: 11/01/1994

2. Principal Place of Business (21): 149 Madison Avenue
Suite, Apt. #, etc. (22):
City & State (23): New York, New York
Zip (24): 10016
Country (25): USA

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29):
Country (30):

4. FEI Number: 59-3083927 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPERLING, SEYMOUR 185 MADISON AVE. NEW YORK NY	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D President 149 Madison Avenue New York, NY 10016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPERLING, AMY 185 MADISON AVE. NEW YORK NY	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Sec/Tres 149 Madison Avenue New York, New York 10016	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GALUZNY, ROBERT 3930 STARR AVE. OREGON OH	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Executive VP Steven Mayhew 149 Madison Avenue New York, NY 10016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Senior VP Michael A. Leinwand 149 Madison Avenue New York, NY 10016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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)(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: _____ Michael A. Leinwand 7/8/95 212-251-0840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0121704 FP