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

1. Corporation Name

HAIR CLUB FOR MEN OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
149 MADISON AVENUE #230 NEW YORK NY 10016 US	149 MADISON AVE. 10TH FLOOR NEW YORK NY 10016 US

3. Date Incorporated or Qualified: 07/09/1991

3a. Date of Last Report: 07/26/1995

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

2. Principal Place of Business	2a. Mailing Address
21 345 HUDSON STREET	26 345 HUDSON STREET
Suite, Apt. #, etc. 22 SUITE 1200	Suite, Apt. #, etc. 27 SUITE 1200
City & State 23 NEW YORK, NY	City & State 28 NEW YORK, NY
Zip / Country 24 10014 / 25 USA	Zip / Country 29 10014 / 30 USA

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 may not be accepted) 800004934988
-05/22/96--01081--045
83 ***200.00

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
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SPERLING, SEYMOUR		1.2 NAME		
STREET ADDRESS	149 MADISON AVENUE		1.3 STREET ADDRESS	345 HUDSON STREET	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	NEW YORK, NY 10014	
TITLE	DST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SPERLING, AMY		2.2 NAME		
STREET ADDRESS	149 MADISON AVENUE		2.3 STREET ADDRESS	345 HUDSON STREET	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	NEW YORK, NY 10014	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GALUZNY, ROBERT		3.2 NAME		
STREET ADDRESS	3930 STARR AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	OREGON OH		3.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MAYHEW, STEVEN		4.2 NAME		
STREET ADDRESS	149 MADISON AVENUE		4.3 STREET ADDRESS	345 HUDSON STREET	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	NEW YORK, NY 10014	
TITLE	SVP	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	LEINWAND, MICHAEL A		5.2 NAME		
STREET ADDRESS	149 MADISON AVENUE		5.3 STREET ADDRESS	345 HUDSON STREET	
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	NEW YORK, NY 10014	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

PM 5-1-96

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: _____ Michael A. Leinwand 4/29/96 (212) 462-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #