

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 # V24369

(3)

1. Corporation Name

HAIR CUTTERS & MORE, INC.



Principal Place of Business

Mailing Address

21207 WHITE OAK AVENUE
BOCA RATON FL 33428

21207 WHITE OAK AVENUE
BOCA RATON FL 33428

2. Principal Place of Business

2a. Mailing Address

21 7094 BERACUSA WAY

26 7094 BERACUSA WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, FL

Zip

Country

Zip

Country

24 33433

25 U.S.A.

29 33433

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/26/1992

3a. Date of Last Report
02/28/1995

4. FEI Number

65-0319256

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

10. Name and Address of New Registered Agent

ROKOW, JOSEPH
21207 WHITE OAK AVENUE
BOCA RATON FL 33428

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ROKOW, JOSEPH
STREET ADDRESS 21207 WHITE OAK AVENUE
CITY-ST-ZIP BOCA RATON FL

TITLE DVP ☐ DELETE

NAME KIMELMAN, PAUL
STREET ADDRESS 21314 SONESTA WAY
CITY-ST-ZIP BOCA RATON FL

TITLE DS ☐ DELETE

NAME ENGLER, MELVYN
STREET ADDRESS 21314 SONESTA WAY
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

21735 SAN SIMEON CIRCLE
BOCA RATON, FL. 33433

☒ Change ☐ Addition

21735 SAN SIMEON CIRCLE
BOCA RATON, FL. 33433

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Joseph Rokow PRES JOSEPH ROKOW PRES

03-08-96

-407-392-7719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)