

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moftam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000010546 (4)
 1. Corporation Name
HAIRCRAFTERS OF HOMOSASSA, INC.



Principal Place of Business 125 SOUTH SERVICE ROAD JERICO NY 11753	Mailing Address 125 SOUTH SERVICE ROAD JERICO NY 11753
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1997	
21		26	6900 Jericho Turnpike	4. FEI Number 11-3366242	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	Syosset, New York	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	11791	30	Nassau
25	Country	30	Nassau	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GREAT EXPECTATION PRECISION HAIRCUTTERS UNIVERSITY MALL, INC. 7171 N. DAVIS HIGHWAY PENSACOLA FL 32504				10. Name and Address of New Registered Agent		
81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City				85	Zip Code
				FL		

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 when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VON LIEBERMANN, DON		1.2 NAME		
STREET ADDRESS	125 SOUTH SERVICE ROAD		1.3 STREET ADDRESS	6900 Jericho Turnpike	
CITY-ST-ZIP	JERICO NY 11753		1.4 CITY-ST-ZIP	Syosset, New York 11791	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KRAMER, MICHAEL		2.2 NAME		
STREET ADDRESS	125 SOUTH SERVICE ROAD		2.3 STREET ADDRESS	6900 Jericho Turnpike	
CITY-ST-ZIP	JERICO NY 11753		2.4 CITY-ST-ZIP	Syosset, New York 11791	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARCUS, MARVIN		3.2 NAME		
STREET ADDRESS	125 SOUTH SERVICE ROAD		3.3 STREET ADDRESS	6900 Jericho Turnpike	
CITY-ST-ZIP	JERICO NY 11753		3.4 CITY-ST-ZIP	Syosset, New York 11791	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BATES, LOUIS		4.2 NAME		
STREET ADDRESS	125 SOUTH SERVICE ROAD		4.3 STREET ADDRESS	6900 Jericho Turnpike	
CITY-ST-ZIP	JERICO NY 11753		4.4 CITY-ST-ZIP	Syosset, New York 11791	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 _____ DATE _____

CR2E034 (10/97)