

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

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000013432 (4)**  
 1. Corporation Name  
**HAIRCRAFTERS OF BUSHNELL, INC.**



Principal Place of Business <b>125 SOUTH SERVICE ROAD JERICHO NY 11753</b>	Mailing Address <b>125 SOUTH SERVICE ROAD JERICHO NY 11753</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/11/1997</b>	
21		26	<b>6900 Jericho Turnpike</b>	4. FEI Number <b>11-3366239</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	<b>Syosset, New York</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	<b>11791</b>	30	<b>Nassau</b>
	Country		Country	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				10. Name and Address of New Registered Agent	
<b>GREAT EXPECTATIONS PRECISION HAIRCUTTERS O                  F UNIVERSITY MALL, INC.                  7171 N. DAVIS HIGHWAY                  PENSACOLA FL 32504</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 of agent) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIBERMANN, DON VON</b>	1.2 NAME	
STREET ADDRESS	<b>125 SOUTH SERVICE ROAD</b>	1.3 STREET ADDRESS	<b>6900 Jericho Turnpike</b>
CITY-ST-ZIP	<b>JERICHO NY 11753</b>	1.4 CITY-ST-ZIP	<b>Syosset, New York 11791</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAMER, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>125 SOUTH SERVICE ROAD</b>	2.3 STREET ADDRESS	<b>6900 Jericho Turnpike</b>
CITY-ST-ZIP	<b>JERICHO NY 11753</b>	2.4 CITY-ST-ZIP	<b>Syosset, New York 11791</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCUS, MARVIN</b>	3.2 NAME	
STREET ADDRESS	<b>125 SOUTH SERVICE ROAD</b>	3.3 STREET ADDRESS	<b>6900 Jericho Turnpike</b>
CITY-ST-ZIP	<b>JERICHO NY 11753</b>	3.4 CITY-ST-ZIP	<b>Syosset, New York 11791</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATES, LOUIS</b>	4.2 NAME	
STREET ADDRESS	<b>125 SOUTH SERVICE ROAD</b>	4.3 STREET ADDRESS	<b>6900 Jericho Turnpike</b>
CITY-ST-ZIP	<b>JERICHO NY 11753</b>	4.4 CITY-ST-ZIP	<b>Syosset, New York 11791</b>
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: **Marvin Marcus** *Marvin Marcus* **5/14/98** **514-677-0224**

CR2E034 (10/97)