

**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

2. Principal Place of Business

2a. Mailing Address

21 345 HUDSON STREET

26 345 HUDSON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1200

27 SUITE 1200

City & State

City & State

23 NEW YORK, NY

28 NEW YORK, NY

Zip

Country

Zip

Country

24 10014

25 USA

29 10014

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

B1 Name

B2 Street Address (P.O. Box No. to be used only for mail)

B3

B4 City

FL

B5 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-registered.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SPERLING, SEYMOUR	
STREET ADDRESS	149 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SPERLING, AMY	
STREET ADDRESS	149 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALUZYNY, ROBERT	
STREET ADDRESS	3930 STARR AVE.	
CITY-ST-ZIP	OREGON OH	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	MAYHEW, STEVEN	
STREET ADDRESS	149 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	LEINWAND, MICHAEL A	
STREET ADDRESS	149 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	345 HUDSON STREET
1.4 CITY-ST-ZIP	NEW YORK, NY 10014
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	345 HUDSON STREET
2.4 CITY-ST-ZIP	NEW YORK, NY 10014
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	345 HUDSON STREET
4.4 CITY-ST-ZIP	NEW YORK, NY 10014
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	345 HUDSON STREET
5.4 CITY-ST-ZIP	NEW YORK, NY 10014
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael A. Leinwand 4/29/96

(212) 462-1400

Date

Daytime Phone #

CR2E034 (12/95)