

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701874 (0)

1. Corporation Name

FLORIDA COSMETOLOGY ASSOCIATION, INC.



Principal Place of Business: 1311 N. WESTSHORE BLVD. SUITE 114 TAMPA FL 33607  
Mailing Address: 1311 N. WESTSHORE BLVD. SUITE 114 TAMPA FL 33607

3. Date Incorporated or Qualified: 01/23/1969  
3a. Date of Last Report: 01/27/1995  
4. FEI Number: 59-1003667  
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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

MCDONALD, EDWARD  
7755 NEW TAMPA HWY  
LAKELAND FL 33801

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOON, JACQUE	
STREET ADDRESS	5433 REEF DRIVE	
CITY - ST - ZIP	NEW PORT RICHEY FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ANZALONE, CHARLES T.	
STREET ADDRESS	597 QUEENS AVENUE	
CITY - ST - ZIP	PT. CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCDONALD, EDWARD	
STREET ADDRESS	7755 NEW TAMPA HWY	
CITY - ST - ZIP	LAKELAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEELE, JEANNE	
STREET ADDRESS	20997 ALPINE AVENUE	
CITY - ST - ZIP	PT. CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARCH, JUDITH	
STREET ADDRESS	780 FAITH STREET	
CITY - ST - ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMMER, HEANNIE	
STREET ADDRESS	1215 SAMAR ROAD	
CITY - ST - ZIP	COCOA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP Michael Cavo
2.3 STREET ADDRESS	1941 NE 31st Court
2.4 CITY - ST - ZIP	Lighthouse Point, FL 33064
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Rose Washko
5.3 STREET ADDRESS	P.O. Box 1759
5.4 CITY - ST - ZIP	Melrose, FL 32666
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kathy Mortham
6.3 STREET ADDRESS	15160 Riverbend Blvd #404
6.4 CITY - ST - ZIP	N. Ft. Myers, FL 33917

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward M. Donald - Edward M. Donald 1/27/96 (941) 682-8716

CR2E037 (12/95)