

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 701874 (0)

1. Corporation Name

FLORIDA COSMETOLOGY ASSOCIATION, INC.



Principal Place of Business 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Moorhart
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)