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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

1311 N. WESTSHORE BLVD. SUITE 114  
TAMPA FL 33607

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TAMPA FL 33607-4611

3. Date Incorporated or Qualified  
01/23/1969

3a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-1003667

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, EDWARD  
7755 NEW TAMPA HWY  
LAKELAND FL 33801

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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME MOON, JACQUE  
STREET ADDRESS 5433 REEF DRIVE  
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE P  Change  Addition  
1.2 NAME CAVO Michael  
1.3 STREET ADDRESS 1941 N.E. 31ST COURT  
1.4 CITY-ST-ZIP Lighthouse Point, FL

TITLE VP  DELETE  
NAME CAVO, MICHAEL  
STREET ADDRESS 1941 NE 31ST COURT  
CITY-ST-ZIP LIGHTHOUSE POINT FL

2.1 TITLE VP  Change  Addition  
2.2 NAME Jerry Clay  
2.3 STREET ADDRESS 4466 GANYARD ST  
2.4 CITY-ST-ZIP CHARLOTTE HARBOR, FL

TITLE T  DELETE  
NAME MCDONALD, EDWARD  
STREET ADDRESS 7755 NEW TAMPA HWY  
CITY-ST-ZIP LAKELAND FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME STEELE, JEANNE  
STREET ADDRESS 20997 ALPINE AVENUE  
CITY-ST-ZIP PT. CHARLOTTE FL

4.1 TITLE S  Change  Addition  
4.2 NAME Bonnie Poole  
4.3 STREET ADDRESS 4492 Harbour N. Ct.  
4.4 CITY-ST-ZIP JACKSONVILLE, FL

TITLE D  DELETE  
NAME WASHKO, ROSE  
STREET ADDRESS POST OFFICE BOX 1759  
CITY-ST-ZIP MELROSE FL

5.1 TITLE D  Change  Addition  
5.2 NAME Lorraine Collins  
5.3 STREET ADDRESS 536 ASPEN RD  
5.4 CITY-ST-ZIP WEST PALM BECH, FL

TITLE D  DELETE  
NAME HAMMER, HEANNIE  
STREET ADDRESS 1215 SAMAR ROAD  
CITY-ST-ZIP COCOA BEACH FL

6.1 TITLE D  Change  Addition  
6.2 NAME Glenda Stephenson  
6.3 STREET ADDRESS 408 Winter Ridge Blvd  
6.4 CITY-ST-ZIP WINTER HAVEN, FL

14. I do 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97 (941)682-8716  
Date Daytime Phone # 0047493

CR2E037 (9/96)