

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		
4. FEI Number 59-1003667	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MCDONALD, EDWARD
7755 NEW TAMPA HWY
LAKELAND FL 33607 33815

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CLAY, JERRY	
STREET ADDRESS	4466 GANYARD ST	
CITY-ST-ZIP	CHARLOTTE HARBOR FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CAVO, MICHAEL	
STREET ADDRESS	1941 NE 31ST COURT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCDONALD, EDWARD	
STREET ADDRESS	7755 NEW TAMPA HWY	
CITY-ST-ZIP	LAKELAND FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	POOLE, BONNIE	
STREET ADDRESS	4492 HARBOUR N CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, LORRAINE	
STREET ADDRESS	536 ASPEN RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENSON, GLENDA	
STREET ADDRESS	408 WINTER RIDGE BLVD	
CITY-ST-ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	COLLINS, LORRAINE	
1.3 STREET ADDRESS	536 ASPEN RD	
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MOON, JACQUE	
4.3 STREET ADDRESS	5433 REEF DR	
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BLAIKIE, MARK A.	
5.3 STREET ADDRESS	1800 EMBASSY DR #123	
5.4 CITY-ST-ZIP	WEST PALM Bch, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PARRIS, Shirley	
6.3 STREET ADDRESS	339 W. LAKE MARIETTA DR.	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL	

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 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. Mortham* **REQUIRE** 1/10/98 (941) 682-8716

CR2E037 (10/97)