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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 701874

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/23/1969

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1003667

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, EDWARD  
7755 NEW TAMPA HWY  
LAKELAND FL 33815

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 VP  
NAME COLLINS, LORRAINE  
STREET ADDRESS 536 ASPEN RD  
CITY-ST-ZIP WEST PALM BEACH FL  
 DELETE

1.1 TITLE President  
1.2 NAME BONNIE A. POOLE  
1.3 STREET ADDRESS 4492 HARBOUR CT N.  
1.4 CITY-ST-ZIP JACKSONVILLE FL 32225  
 Change  Addition

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

2.1 TITLE V.P.  
2.2 NAME MARK A. BLAIKIE  
2.3 STREET ADDRESS 1800 EMBASSY DR #123  
2.4 CITY-ST-ZIP W. PALM Bch, FL 33401  
 Change  Addition

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

3.1 TITLE D.  
3.2 NAME Andrew Carlich  
3.3 STREET ADDRESS 1783 BANYAN Creek Cir N.  
3.4 CITY-ST-ZIP BOYNTON Bch, FL 33436  
 Change  Addition

TITLE S  
NAME MOON, JACQUE  
STREET ADDRESS 5433 PEEF DR  
CITY-ST-ZIP NEW PORT RICHEY FL  
 DELETE

4.1 TITLE S.  
4.2 NAME NANCY PANOCH  
4.3 STREET ADDRESS 3420 MAGNOLIA WAY  
4.4 CITY-ST-ZIP Punta Gorda, FL 33950  
 Change  Addition

TITLE D  
NAME BLAIKIE, MARK A  
STREET ADDRESS 1800 EMBASSY DR, 123  
CITY-ST-ZIP WEST PALM BEACH FL  
 DELETE

5.1 TITLE D.  
5.2 NAME JERRY L. CLAY  
5.3 STREET ADDRESS 4466 GANNARD ST.  
5.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33980  
 Change  Addition

TITLE D  
NAME PARRIS, SHIRLEY  
STREET ADDRESS 339 W LAKE MARIETTA DR  
CITY-ST-ZIP JACKSONVILLE FL  
 DELETE

6.1 TITLE D  
6.2 NAME B.J. CORONA  
6.3 STREET ADDRESS 7124 FLAGLER DR  
6.4 CITY-ST-ZIP PORT RICHEY FL 34668  
 Change  Addition

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, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99  
Date

(941) 688-5857  
Daytime Phone #

CR2E037 (1/198)