

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **822088** (1)

1. Corporation Name
ROUX LABORATORIES, INC.



Principal Place of Business: **5344 OVERMYER DRIVE JACKSONVILLE FL 32205**
Mailing Address: **P.O. BOX 37557 JACKSONVILLE FL 32236**

3. Date Incorporated or Qualified: **11/19/1968**
3a. Date of Last Report: **04/18/1995**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: **13-1537427**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> DELETE
NAME: WAMMER, JOHN	
STREET ADDRESS: 625 MADISON AVENUE	
CITY-ST-ZIP: NEW YORK NY	
TITLE: DV	<input type="checkbox"/> DELETE
NAME: NICHOLS, WADE H III	
STREET ADDRESS: 625 MADISON AVENUE	
CITY-ST-ZIP: NEW YORK NY	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: KRETZMAN, ROBERT K	
STREET ADDRESS: 625 MADISON AVE	
CITY-ST-ZIP: NEW YORK NY	
TITLE: AT	<input type="checkbox"/> DELETE
NAME: ELLIOTT, LAWRENCE	
STREET ADDRESS: 2147 ROUTE 27	
CITY-ST-ZIP: EDISON NJ	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: FOX, WILLIAM J	
STREET ADDRESS: 625 MADISON AVENUE	
CITY-ST-ZIP: NEW YORK NY 10022	
TITLE: V	<input type="checkbox"/> DELETE
NAME: DESSEN, STANLEY	
STREET ADDRESS: 625 MADISON AVENUE	
CITY-ST-ZIP: NEW YORK NY 10022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAMMER, JOHN
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *Lawrence Elliott* **LAWRENCE ELLIOTT** 4/17/95 908-287-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)