

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90058 047 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999  
 FLORIDA DEPARTMENT OF STATE  
 Katherine Harris Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 822088 (1) ✓

1. Corporation Name

ROUX LABORATORIES INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/19/1968	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		13-1537427	
24 Zip		25 Country		29 Zip	
		30 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYS STREET, SUITE 105 TALLAHASSEE, FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMER, JOHN		1.2 NAME	FELLOWS, GEORGE	
STREET ADDRESS	625 MADISON AVE		1.3 STREET ADDRESS	625 MADISON AVE	
CITY - ST - ZIP	NEW YORK, NY		1.4 CITY - ST - ZIP	NEW YORK, NY	
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, WADE J., III		2.2 NAME		
STREET ADDRESS	625 MADISON AVE		2.3 STREET ADDRESS		
CITY - ST - ZIP	NEW YORK, NY		2.4 CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRETZMAN, ROBERT K.		3.2 NAME		
STREET ADDRESS	625 MADISON AVE		3.3 STREET ADDRESS		
CITY - ST - ZIP	NEW YORK, NY		3.4 CITY - ST - ZIP		
TITLE	AT	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, LAWRENCE		4.2 NAME		
STREET ADDRESS	2147 ROUTE 27		4.3 STREET ADDRESS		
CITY - ST - ZIP	EDISON, NJ		4.4 CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, WILLIAM J.		5.2 NAME	GEHRMANN, FRANK J.	
STREET ADDRESS	625 MADISON AVE		5.3 STREET ADDRESS	625 MADISON AVE	
CITY - ST - ZIP	NEW YORK, NY		5.4 CITY - ST - ZIP	NEW YORK, NY	
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESSEN, STANLEY		6.2 NAME		
STREET ADDRESS	625 MADISON AVE		6.3 STREET ADDRESS		
CITY - ST - ZIP	NEW YORK, NY		6.4 CITY - ST - ZIP		

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 607, 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: Lawrence Elliott LAWRENCE ELLIOTT 4/15/99 4/22/99 732-287-1400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)