

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

**APPROVED
AND
FILED**

95 APR 18 PM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P37411** (6)

1. Corporation Name:
REALISTIC/ROUX PROFESSIONAL PRODUCTS INC.

Principal Place of Business: **5344 OVERMYER DR. JACKSONVILLE FL 32205 US**

Mailing Address: **P.O. BOX 37557 JACKSONVILLE FL 32236 US**

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--|--|--|
| 3. Date Incorporated or Qualified 02/07/1992 | | 3a. Date of Last Report 03/29/1994 | |
| 4. FEI Number 59-3097280 | | Applied For <input type="checkbox"/> Not Applicable | |
| 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--------------------|---------|----|---|--------------------|----|----|
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | |
| 21 | Suits, Apt. #, etc | | | 26 | Suits, Apt. #, etc | | |
| 22 | City & State | | | 27 | City & State | | |
| 23 | Zip | Country | 28 | Zip | Country | 29 | 30 |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |

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: _____ DATE: _____

| | | | |
|----------------------------|-----------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PD | 11 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRONNER, BETH | 12 NAME | P JOHN HAMMER |
| STREET ADDRESS | 625 MADISON AVENUE | 13 STREET ADDRESS | |
| CITY, ST, ZIP | NEW YORK NY | 14 CITY, ST, ZIP | |
| TITLE | V | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DESSEN, STANLEY B. | 22 NAME | |
| STREET ADDRESS | 625 MADISON AVENUE | 23 STREET ADDRESS | |
| CITY, ST, ZIP | NEW YORK NY | 24 CITY, ST, ZIP | |
| TITLE | AT | 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELLIOTT, LAWRENCE | 32 NAME | |
| STREET ADDRESS | 625 MADISON AVE. | 33 STREET ADDRESS | 2147 ROUTE 27 |
| CITY, ST, ZIP | NEW YORK NY | 34 CITY, ST, ZIP | EDISON NJ 08818 |
| TITLE | DV | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOX, WILLIAM J. | 42 NAME | |
| STREET ADDRESS | 625 MADISON AVENUE | 43 STREET ADDRESS | |
| CITY, ST, ZIP | NEW YORK NY | 44 CITY, ST, ZIP | |
| TITLE | VS | 51 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KRETZMAN, ROBERT K. | 52 NAME | S/D |
| STREET ADDRESS | 625 MADISON AVENUE | 53 STREET ADDRESS | |
| CITY, ST, ZIP | NEW YORK NY | 54 CITY, ST, ZIP | |
| TITLE | DV | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NICHOLS, WADE H., III | 62 NAME | |
| STREET ADDRESS | 625 MADISON AVENUE | 63 STREET ADDRESS | |
| CITY, ST, ZIP | NEW YORK NY | 64 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 included 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 attached add with an address.

SIGNATURE: *Lawrence Elliott* L. Elliott 4/12/95 908-287-1400

P37411

REALISTIC/ROUX PROFESSIONAL PRODUCTS, INC.

LISTING OF DIRECTORS AND OFFICERS

DIRECTORS

| | | |
|---------------------|--|-------|
| WILLIAM J. FOX | 625 MADISON AVENUE, NEW YORK, NEW YORK | 10022 |
| ROBERT K. KRETZMAN | 625 MADISON AVENUE, NEW YORK, NEW YORK | 10022 |
| WADE H. NICHOLS III | 625 MADISON AVENUE, NEW YORK, NEW YORK | 10022 |

OFFICERS

ADDRESS*

| | | |
|----------------------------|---------------------------------------|---|
| JOHN HAMMER | PRESIDENT | 1 |
| STANLEY B. DESSEN | VICE PRESIDENT | 1 |
| WILLIAM J. FOX | VICE PRESIDENT | 1 |
| WADE H. NICHOLS III | VICE PRESIDENT | 1 |
| EDWARD F. SKEFFINGTON, JR. | VICE PRESIDENT | 1 |
| CARL J. DEDDENS | VICE PRESIDENT & TREASURER | 1 |
| ROBERT K. KRETZMAN | VICE PRESIDENT & SECRETARY | 1 |
| WILLIAM G. RAMP | VICE PRESIDENT & CONTROLLER | 1 |
| LAWRENCE E. KREIDER | VICE PRESIDENT & ASSISTANT CONTROLLER | 1 |
| ARCH M. AHERN | ASSISTANT SECRETARY | 1 |
| ANNAMARIE DELLAFAVE | ASSISTANT SECRETARY | 1 |
| LAWRENCE ELLIOTT | ASSISTANT TREASURER | 2 |

*ADDRESS CODE

- (1) 625 MADISON AVENUE, NEW YORK, NEW YORK 10022
- (2) 2147 ROUTE 27, EDISON, NEW JERSEY 08818

TERMS EXPIRE: TO BE DETERMINED