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

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

P37411

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REAL	ISTIC/ROUX PROFESSIONA	L PRODUCTS INC.					
Principal Place	of Business	Mailing Address		19011001 160 H181 10011 01001 15	dēt tišt aibit diatt Bildi Bildi aibit aibit bildi		
	RMYER DR. Ville Fl 32206	P.O. BOX 37557 JACKSONVILLE FL 32 US	2236				
50		00		3. Date incorporated or Qualified 02/07/1992	3a. Date of Last Report 04/18/1995		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-3097280	Not Applicable		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27			Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23	Country	28 7in	Country	Trust Fund Contribution	Added to rees		
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes 12 Yes			
24	9. Name and Address of Current		[30]	10. Name and Address of New Ro			
THE PRENTICE-HALL CORPORATION SYSTEM, INC 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 THE PRENTICE-HALL CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 120 HRYS STREET 83 SUITE IOS 84 City - 85 Zip Code							
			TAL	lahasee	FL SABOL		
or registere familiar with	o the provisions of Sections 607.0502 ed agent, or both, in the State of Florid h, and accept the obligations of, Sections	a. Such change was authorized	s, the above-named corpor d by the corporation's boar	ation submits this statement for the puri d of directors. I hereby accept the appo	oose of changing its registered office introduced introduced in the second second seco		
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable (NOTI	E: Registered Agent signature required	5 when reinstating)	DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12		
TITLE	P	DELETE	1. 1 TITLE		Change Addition		
NAMē	HAMMER, JOHN		1.2 NAME				
STREET ADDRESS	625 MADISON AVENUE		1.3 STREET ADDRESS				
C(TY+ST+ZIP	NEW YORK NY	· · · · · · · · · · · · · · · · · · ·	1.4 CITY-ST-ZIP				
TITLE	j v	DELETE	2 1 TITLE	•	Change Addition		
NAME	DESSEN, STANLEY B.		2.2 NAME		:		
STREET ADDRESS	625 MADISON AVENUE		2 3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY	ר) מנינדנ	2.4 CITY - ST - ZIP		Change Addition		
TITLE	AT	DELETE	3 1 TITLE		Change El Adodion		
NAME	ELLIOTT, LAWRENCE		3.2 NAME				
STREET ADDRESS	2147 ROUTE 27		3.3. STREET ADDRESS				
City - ST - ZiP T:TLF	EDISON NJ DV	DELETE	3.4 CITY - ST - ZIP 4.1 TITLE		Change Addition		
NAME	FOX, WILLIAM J.	Clotter	4.2 NAME				
STREET ADDRESS	625 MADISON AVENUE		4.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		4.4 CITY - ST - ZIP				
THILE	SD	DELETE	5 1 TITLE		Change Addition		
NAME	KRETZMAN, ROBERT K.		5.2 NAME		- —		
STREET ADDRESS	625 MADISON AVENUE		5.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		5.4 CITY - ST - ZIP				
TITLE	DV	DELETE	6. 1 TITLE		☐ Change ☐ Addition		
NAME	NICHOLS, WADE H., III		6.2 NAME				
STREET ADDRESS	625 MADISON AVENUE		6.3 STREET ADDRESS		`/		
CITY-ST-ZIP	NEW YORK NY		6.4 City-St-ZiP	yeark d	200 set 200.00		
14. I do hereb	y certify that the information supplied w	rith this filing is voluntarily furnis	shed and does not qualify for	or the exemption stated in Section 119.	07(3)(k), Florida Statutes. I further same legal effect as if made under		
oath; that appears in	I am an officer or director of the corpor Block 12 or Block 13 i changed, or o	ration of the receiver or trustee in an attachment with an addre	empowered to execute thiss.	or the exemption stated in Section 119, ite and that my signature shall have the s report as required by Chapter 607, Fk	orida Statutes; and that my name		

SIGNATURE:

VAME OF SIGNING OFFICER OR DIRECTOR