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PROFIT CORPORATION ANNUAL REPORT 1996



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

3. Date Incorporated or Qualified 02/07/1992 3a. Date of Last Report 04/18/1995

2. Principal Place of Business 21-24, 2a. Mailing Address 25-30, 4. FEI Number 59-3097280, 5. Certificate of Status Desired, 6. Election Campaign Financing, 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301 10. Name and Address of New Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM 82 Street Address 1201 HAYS STREET 83 SUITE 105 84 City TALLAHASSEE FL 85 Zip Code 32301

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include John Hammer, Stanley B. Dessen, Lawrence Elliott, William J. Fox, Robert K. Kretzman, and Wade H. Nichols, III.

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; that I am 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.

SIGNATURE: Lawrence Elliott 4/17/96 908-287-1400 Bank deposit 200.00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)