

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

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**Apr 30 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P37411 (6)**  
1. Corporation Name  
**REALISTIC/ROUX PROFESSIONAL PRODUCTS INC.**



Principal Place of Business Mailing Address  
**5344 OVERMYER DR. JACKSONVILLE FL 32205 US**  
**P.O. BOX 37557 JACKSONVILLE FL 32236-7557 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/07/1992</b>	3a. Date of Last Report <b>04/30/1996</b>
21 State, Apt. #, etc.	26 State, Apt. #, etc.	4. FEI Number <b>69-3097280</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	30 Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				City	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

14. I do 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.

SIGNATURE: *Lawrence Elliott* **LAWRENCE ELLIOTT** 4/22/97 908-287-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)