FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

4-1-96 B-29919-C

DOCUMENT # P95000079825 (2)

1. Corporation Name
CATHY BEAUTY STUDIO, INC.

Principal Place of Business
6306 S MACDILL AVE APT 1505
TAMPA FL 33611

Mailing Address
6306 S MACDILL AVE APT 1505
TAMPA FL 33611

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
25 Country

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
30 Country

3. Date Incorporated or Qualified: 10/17/1995
3a. Date of Last Report

4. FEI Number: 59-3340384
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired: [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [X] Yes [ ] No

9. **Name and Address of Current Registered Agent**

BIROG, CATHERINE
6306 S MACDILL AVE APT 1505
TAMPA FL 33611

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

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: Catherine G. Birog, CATHERINE G BIROG — Date: 26 MAR 96

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	BIROG, CATHERINE	
STREET ADDRESS	6306 S MACDILL AVE APT 1505	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	STD	[ ] DELETE
NAME	BOOTH, MICHAEL R	
STREET ADDRESS	6306 S MACDILL AVE APT 1505	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this report or supplemental 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: Catherine G. Birog. CATHERINE G BIROG 26 MAR 96 813-835-5624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #