

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V683336** (9)

1. Corporation Name  
**DREAM COSMETICS, INC.**



Principal Place of Business: **110 DUNBAR AVE UNIT E OLDSMAR FL 34677**  
Mailing Address: **110 DUNBAR AVE UNIT E OLDSMAR FL 34677**

3. Date Incorporated or Organized: **09/29/1992**  
3a. Date of Last Report: **02/24/1995**  
4. FEI Number: **59-3144221**  
5. Certificate of Status Desired:  **\$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:  Yes  No

21. Principal Place of Business: **110 DUNBAR AVE UNIT E OLDSMAR FL 34677**  
22. State, Apt. #, etc.: **FL 34677**  
23. City & State: **Oldsmar FL**  
24. Zip: **34677**  
25. Country: **USA**  
26. Mailing Address: **110 DUNBAR AVE UNIT E OLDSMAR FL 34677**  
27. State, Apt. #, etc.: **FL 34677**  
28. City & State: **Oldsmar FL**  
29. Zip: **34677**  
30. Country: **USA**

9. Name and Address of Current Registered Agent  
**ULMER, LINDA K  
110 DUNBAR AVE  
UNIT E  
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent  
81 Name: **LINDA K. McCormick**  
82 Street Address (P.O. Box Number is Not Acceptable): **110 Dunbar Avenue**  
83 **Unit E**  
84 City: **Oldsmar** FL 85 Zip Code: **34677**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Linda K. McCormick*

1/22/96

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	ULMER, FRANK R.	
STREET ADDRESS	2898 COUNTRY WOODS LANE	
CITY-STATE-ZIP	PALM HARBOR FL	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	ULMER, SANDRA K.	
STREET ADDRESS	2898 COUNTRY WOODS LANE	
CITY-STATE-ZIP	PALM HARBOR FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSHAK, CYNTHIA L	
STREET ADDRESS	110 DUNBAR AVE. UNIT E	
CITY-STATE-ZIP	OLDSMAR FL 34677	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ULMER, LINDA R	
STREET ADDRESS	110 DUNBAR AVE., UNIT E	
CITY-STATE-ZIP	OLDSMAR FL 34677	
TITLE	M	<input type="checkbox"/> DELETE
NAME	ROSHAK, MICHAEL J	
STREET ADDRESS	110 DUNBAR AVE., UNIT E	
CITY-STATE-ZIP	OLDSMAR FL 34677	
TITLE	M	<input type="checkbox"/> DELETE
NAME	ULMER, DANIEL R	
STREET ADDRESS	110 DUNBAR AVE., UNIT E.	
CITY-STATE-ZIP	OLDSMAR FL 34677	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ST Linda McCormick</b>
4.3 STREET ADDRESS	<b>110 Dunbar Avenue Unit E</b>
4.4 CITY-STATE-ZIP	<b>Oldsmar, FL 34677</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Cynthia Roshak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 (813)855-0688  
Date Daytime Phone #

CR2E034 (12/95)