


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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **203979** (0)
1. Corporation Name
ACE BEAUTY CO.



Principal Place of Business 6850 CROSS BAYOU DR N LARGO FL 34647-1619	Mailing Address 6850 CROSS BAYOU DR N LARGO FL 33777-1619
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2. Principal Place of Business 21 7301 114th AVE N. Suite, Apt. #, etc. 22 City & State 23 LARGO FL Zip 24 33773 Country 25 USA		2a. Mailing Address 26 7301 114th AVE N. Suite, Apt. #, etc. 27 City & State 28 LARGO FL Zip 29 33773 Country 30 USA		3. Date Incorporated or Qualified 07/03/1957	3a. Date of Last Report 04/04/1996
		4. FEI Number 59-0806989		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent REID, ROBERT L. 6850 CROSS BAYOU DRIVE LARGO FL 34647				10. Name and Address of New Registered Agent 81 Name REID, ROBERT L. 82 Street Address (P.O. Box Number is Not Acceptable) 6850 7301 114th AVE N. 83 84 City LARGO FL 85 Zip Code 33773			
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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 *Robert L. Reid* **ROBERT L. REID.** 1/20/97
Signature of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, LEIGHTON J	1.2 NAME	
STREET ADDRESS	6850 CROSS BAYOU DR.	1.3 STREET ADDRESS	7301 114th AVE N.
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	LARGO FL 33773
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, ROBERT L.	2.2 NAME	
STREET ADDRESS	6241-41ST AVE. NORTH	2.3 STREET ADDRESS	7301 114th AVE N.
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	LARGO FL 33773
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, SARA	3.2 NAME	
STREET ADDRESS	6850 CROSS BAYOU DR.	3.3 STREET ADDRESS	7301 114th AVE N.
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	LARGO FL 33773
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Robert L. Reid* **ROBERT L. REID** 1/20/97 (813) 544-8261
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)