

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
DIVISION OF CORPORATIONS

DOCUMENT # **423975** (2)

1. Corporation Name

LO-BEV BEAUTY BAR OF CLEARWATER, INC.



Principal Place of Business

Mailing Address

1301 ANGLERS LANE
LUTZ FL 33549

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LUTZ FL 33549

3. Date Incorporated or Qualified 04/19/1973	3a. Date of Last Report 07/07/1995
4. FEI Number 59-1471511	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 1046 W. BUSCH BLW.	2a. Mailing Address SAME
22. Suite, Apt. #, etc. Suite 200	26. Suite, Apt. #, etc.
23. City & State Tampa, FL.	27. City & State
24. Zip 33612	28. Zip
25. Country Hillsboro	29. Country
30. Country	

9. Name and Address of Current Registered Agent

**KASS, BEVERLY
1301 ANGLERS LANE
LUTZ FL 33549**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and the date applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASS, BEVERLY	1.2 NAME	
STREET ADDRESS	1301 ANGLERS LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL	1.4 CITY - ST - ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTH, BARBIE	2.2 NAME	
STREET ADDRESS	19902 ANGEL LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	ODESSA FL	2.4 CITY - ST - ZIP	
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, EPPERSON	3.2 NAME	
STREET ADDRESS	3018 SILVERWOOD DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	AUGUSTA GA	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASS, IRIS	4.2 NAME	
STREET ADDRESS	13406 MARLIN LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beverly Cass Pres

1-25-96 813-932-4400

Date

Daytime Phone #

CR2E034 (12/95)