FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # 522723 (6)

1. RAY-MAR BEAUTY COLLEGE, INCORPORATED

Mailing Address

3550 S. UNIVERSITY DRIVE
DAVID FL 33328

3550 S. UNIVERSITY DRIVE
DAVID FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1976

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1710037 [ ] Applied For [ ] Not Applicable

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. For corporations that qualify for interest rate under S. 190.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Business

21

22

23

24 | 25 County

2a. Mailing Address

26

Street Address

27

City & State

28

29 Zip | 30 County

9. Name and Address of Current Registered Agent

JOHNSON, MARILYN E.
3550 S. UNIVERSITY DRIVE
DAVIE FL 33328

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 Section 607.0502 and 607.1509, 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.

12. OFFICERS AND DIRECTORS

VSD
JOHNSON, MARILYN E
3550 S. UNIVERSITY DRIVE
DAVIE FL 33328-2003
PD
JOHNSON, RAYMER, JR
3550 S. UNIVERSITY DRIVE
DAVIE FL 33328-2003

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE [ ] Change [ ] Addition
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP

2 TITLE [ ] Change [ ] Addition
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP

3 TITLE [ ] Change [ ] Addition
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP

4 TITLE [ ] Change [ ] Addition
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP

5 TITLE [ ] Change [ ] Addition
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP

6 TITLE [ ] Change [ ] Addition
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

14. I 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)(i), 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 attached report with the address.

SIGNATURE: Marilyn E Johnson 4/20/95 (305) 474-5692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
Marilyn Johnson