

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 # 541526 (0)

1. Corporation Name

MARGATE SCHOOL OF BEAUTY, INC.



Principal Place of Business

2515 N STATE ROAD 7
MARGATE FL 33063

Mailing Address

2515 N STATE ROAD 7
MARGATE FL 33063

2. Principal Place of Business

2a. Mailing Address

21 2515 N STATE RD 7

26 2515 N STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 209

27 209

City & State

City & State

23 MARGATE FL

28 MARGATE FL

Zip

Zip

24 33063

29 33063

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STERN, GEORGE M.
5204 BUTTONWOOD CT.
TAMARAC FL 33319

81 Name

STANLEY BARNETT

82 Street Address (P.O. Box Number is Not Acceptable)

6333 NW 53RD STREET

83

CORAL SPRINGS

84 City

FL

85 Zip Code

33067

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

[Signature]

4/18/96

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	STERN, GEORGE M	
STREET ADDRESS	5204 BUTTONWOOD CT	
CITY-ST-ZIP	TAMARAC, FL 00000	
TITLE	V R	DELETE
NAME	BARNETT, STANLEY	
STREET ADDRESS	6333 N.W. 53 STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	
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	Change	Addition
1. TITLE	PRESIDENT	
2. NAME	STANLEY BARNETT	
3. STREET ADDRESS	6333 NW 53RD STREET	
4. CITY-ST-ZIP	TAMARAC FL 33067	
5. TITLE		Change Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		Change Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		Change Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		Change Addition
18. NAME		
19. STREET ADDRESS		
20. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY BARNETT

4/18/96 9549729630

CR2E034 (12/95)