

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731417** (2)  
1. Corporation Name  
**FLORIDA COSMETOLOGY SCHOOLS ASSOCIATION, INC.**



Principal Place of Business <b>P. O. BOX 2329 LAKE CITY FL 32056</b>	Mailing Address <b>P. O. BOX 2329 LAKE CITY FL 32056-2329</b>
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3. Date Incorporated or Qualified <b>12/18/1974</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-2882229</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>RITTER, LOUIS H 210 E PALM VALLEY ROAD JACKSONVILLE, FL 32082</b>	
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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 <b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>ROBERT E. VALDEZ, SR.</b>
STREET ADDRESS	<b>4315 S MANHATTAN AVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>STEWART SMITH</b>
STREET ADDRESS	<b>5110 UNIVERSITY BLVD., W., BUILDING C</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>HOWARD P. TROUTMAN</b>
STREET ADDRESS	<b>2659 PARK STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>GARY WAGNER</b>
STREET ADDRESS	<b>5373 LENOX AVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>
TITLE	TD <input type="checkbox"/> DELETE
NAME	<b>CHARLES REHBERG</b>
STREET ADDRESS	<b>2807 S 1ST ST</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>
TITLE	SD <input type="checkbox"/> DELETE
NAME	<b>VICTOR DIMAIO</b>
STREET ADDRESS	<b>4315 MANHATTAN AVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>

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-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or in an attachment with an address.

SIGNATURE:  ROBERT E. VALDEZ, SR. TAMPA FL 33607

CR2E037 (9/96)