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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90018 036 \*\*\*\*61.25

DOCUMENT # 731417

1. Corporation Name

FLORIDA COSMETOLOGY SCHOOLS ASSOCIATION, INC.

Principal Place of Business

4315 S MANHATTAN AVE  
TAMPA FL 33611  
US

Mailing Address

4315 S MANHATTAN AVE  
TAMPA FL 33611  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/18/1974

4. FEI Number

59-2882229

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

RITTER, LOUIS H  
210 E PALM VALLEY ROAD  
JACKSONVILLE, FL  
32082

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME ROBERT E. VALDEZ, SR.  
STREET ADDRESS 4315 S MANHATTAN AVE  
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE

NAME STEWART SMITH  
STREET ADDRESS 5110 UNIVERSITY BLVD., W., BUILDING C  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME HOWARD P. TROUTMAN  
STREET ADDRESS 2659 PARK STREET  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE

NAME GARY WAGNER  
STREET ADDRESS 5373 LENOX AVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☒ DELETE

NAME CHARLES REHBERG  
STREET ADDRESS 2607 S 1ST ST  
CITY-ST-ZIP LAKE CITY FL

TITLE SD ☐ DELETE

NAME VICTOR DIMAIO  
STREET ADDRESS 4315 MANHATTAN AVE  
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD BYRON WEINTRAUB  
2208 GULFGATE DR  
SARASOTA, FL 34231

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

(813) 837-2525 x 205

CR2E037 (1/1/98)