Jun 01, 1999 8:00 am Secretary of State

06-01-1999 90033 035 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT**

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 819421

1. Corporation Name

VANDA BEAUTY COUNSELOR COMPANY

Principal Place	e of Business	Mailing Address			
P.O. BOX 3433		P.O. BOX 3433			
ORLANDO FL 3	12802	ORLANDO FL 32802		DO NOT WRITE IN THIS	SPACE
US		US		Date Incorporated or Qualifed	7017102
İ				03/03/1966	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	iace of business	26		95-3175554	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional
22	, 500.	27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year to	tangible
24	25	29 30	<u> </u>	Personal Property Tax.	Yes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
CT CORPORATION SYSTEM			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
1200 S. PINE ISLAND ROAD			0.000		
PLANTATION FL 33324			83		.—
1			84 City		85 Zip Code
}			B4 City	FL	-
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					
office or n	egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was auth	iorized by the corpor	ration's board of directors. I hereby accept the appu	Intment as registered
		,			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature rec		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	D	☐ DELETE	1.1 TITLE		Change
NAME	MARMETSCHKE, JR., A.		1.2 NAME		
STREET ADDRESS	2030 SUE HARBOR COVE		1.3 STREET ADDRESS	211 (100 51 3) 8	·ν
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP	ORLANDU, FL JOO	
TITLE	PD	☐ DELETE	2.1 TITLE	/	Change Addition
NAME	MARMETSCHKE, A C		2.2 NAME	ORLANDO, FL 328	
STREET ADDRESS	2030 SUE HARBOR COVE		2.3 STREET ADDRESS	00. (460 5/ 318	> አ ⊋
CITY-ST-ZIP	ORLANDO, FL 00000		2. 4 CITY-ST-ZIP	ORLANDO, FL SOO	
TITLE	V	DELETE	3.1 TITLE	V	☐ Change X Addition
NAME	BRUNER, M. K.		3.2 NAME	Ingrid Litheonus	
STREET ADDRESS	19 WILLOW DR		3.3 STREET ADDRESS	ORLANDO, FL 328 Lugrid Litkenhus 4600 36465t Orlando, FL 328//	
CITY-ST-ZIP	CHESTER NJ		3.4. CITY-ST-ZIP	Orlando, FL 30/8/1	
TITLE		☐ DELETE	41 TITLE	•	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		— <u>—</u> ——————————————————————————————————
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
L	1		5.2 NAME		

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 suppliemental 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 of 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 or an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

□ DELETE

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Change

Addition