

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

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 825593

(7)

1. Corporation Name
THE WELLA CORPORATION



Principal Place of Business
524 GRAND AVENUE
ENGLEWOOD NJ 07631

Mailing Address
524 GRAND AVENUE
ENGLEWOOD NJ 07631-4950

2. Principal Place of Business 21 12 MERCEDES DR. MONTVALE N.J. 07645 Suite, Apt. #, etc.	2a. Mailing Address 26 12 MERCEDES DR. MONTVALE N.J. 07645 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 01/12/87	3a. Date of Last Report 05/21/1996
22 City & State	27 City & State	4. FEI Number 13-3146121	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		7. 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 New Registered Agent		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		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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	SD
NAME	SCANLON, ELIZABETH	1.2 NAME	
STREET ADDRESS	524 GRAND AVE	1.3 STREET ADDRESS	12 MERCEDES DR.
CITY-ST-ZIP	ENGLEWOOD, NJ 0	1.4 CITY-ST-ZIP	MONTVALE N.J. 07645
TITLE	VD	2.1 TITLE	
NAME	HABROCK, THOMAS	2.2 NAME	
STREET ADDRESS	524 GRAND AVENUE	2.3 STREET ADDRESS	12 MERCEDES DR.
CITY-ST-ZIP	ENGLEWOOD NJ	2.4 CITY-ST-ZIP	MONTVALE N.J. 07645
TITLE	T	3.1 TITLE	
NAME	MCCOLL, WALTER	3.2 NAME	
STREET ADDRESS	524 GRAND AVENUE	3.3 STREET ADDRESS	12 MERCEDES DR.
CITY-ST-ZIP	ENGLEWOOD NJ	3.4 CITY-ST-ZIP	MONTVALE N.J. 07645
TITLE	PD	4.1 TITLE	
NAME	ARGENTI, MARIO	4.2 NAME	
STREET ADDRESS	524 GRAND AVE	4.3 STREET ADDRESS	12 MERCEDES DR.
CITY-ST-ZIP	ENGLEWOOD, N J 00000	4.4 CITY-ST-ZIP	MONTVALE N.J. 07645
TITLE	VD	5.1 TITLE	
NAME	KARRAS, HANS	5.2 NAME	
STREET ADDRESS	4650 OAKLEYS LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

Date

201 930 7020 217

Daytime Phone

0002952

CR2E034 (9/96)