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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90078 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F00747

1. Corporation Name

COSMETIC CONCEPTS, INC.

Principal Place of Business

5205 NW 163 ST.
MIAMI FL 33014

Mailing Address

5205 NW 163 ST.
MIAMI FL 33014



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1980

4. FEI Number

59-2049890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

DECKER-DONALD, F.JR.
11506 SW 109 ROAD
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name Anthony S. Paetro
82 Street Address (P.O. Box Number is Not Acceptable)
1090 RANE CONCOURSE, Suite 202
83 Day Harbor Islands, FL 33174
84 City FL 85 Zip Code

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

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	D	<input type="checkbox"/> DELETE
NAME	DECKER-DONALD, F.JR.	
STREET ADDRESS	11506 SW 109TH RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	DUGGINS, KATHLEEN S.	
STREET ADDRESS	4059 WIMBLEDON DR., #14	
CITY-ST-ZIP	COOPER CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DECKER-DONALD, F. JR.	
1.3 STREET ADDRESS	23 maple Drive	
1.4 CITY-ST-ZIP	Asheville, NC. 28805	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Duggins, Kathleen S.	
2.3 STREET ADDRESS	21 Sleepy Hollow Drive	
2.4 CITY-ST-ZIP	Asheville, NC 28805	
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 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, with all other like empowered.

SIGNATURE: Katherine S. Duggins 4-27-99 828-299-9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)