

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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55 MAY 16 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F83147** (1)
1. Corporation Name
PEOPLE BEAUTIFUL CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
C/O JEFFREY A. KERN, P.A.
11900 BISCAYNE BLVD. SUITE 264
NORTH MIAMI FL 33181

3. Date incorporated or Qualified **05/25/1982** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0050154** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**KERN, JEFFREY A
JEFFREY A. KERN, P.A.
11900 BISCAYNE BLVD, SUITE 264
NORTH MIAMI FL 33181**

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	BENTLEY, LAURA
STREET ADDRESS	4930 FILLMORE STREET
CITY - ST - ZIP	HOLLYWOOD FL 33021
TITLE	T
NAME	BENTLEY, HARRISON
STREET ADDRESS	4930 FILLMORE STREET
CITY - ST - ZIP	HOLLYWOOD FL 33021
TITLE	Pres.
NAME	LAURA BENTLEY
STREET ADDRESS	3343 W. COMMERCIAL BLVD
CITY - ST - ZIP	FT LAUDERDALE FL 33309
TITLE	Chairman
NAME	HARRISON BENTLEY
STREET ADDRESS	3343 W. COMMERCIAL BLVD
CITY - ST - ZIP	FT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **LAURA BENTLEY** *Laura Bentley* 5/1/95 805279010
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Daytime Phone #)