

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000004742 (3)

1. Corporation Name

TOTAL BEAUTY PLUS, INC.



Principal Place of Business

676 N. MICHIGAN AVE.
CHICAGO IL 60611

Mailing Address

676 N. MICHIGAN AVE.
CHICAGO IL 60611

845 WEST MADISON
CHICAGO, IL 60607

2. Principal Place of Business

21 845 WEST MADISON
Suite, Apt. #, etc.

28. Mailing Address

26 845 WEST MADISON
Suite, Apt. #, etc.

City & State

23 CHICAGO, IL

City & State

28 CHICAGO, IL

Zip

24 60607

Country

25 USA

Zip

29 60607

Country

30 USA

3. Date Incorporated or Qualified

10/20/1993

3a. Date of Last Report

06/28/1995

4. FEI Number

36-3612038

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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 C ☐ DELETE

NAME MELK, JOHN J
STREET ADDRESS 676 N. MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL

TITLE V ☐ DELETE

NAME MELK, CYNTHIA L
STREET ADDRESS 676 N. MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL

TITLE AS ☐ DELETE

NAME OATS, SCOTT A
STREET ADDRESS 676 N. MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL

TITLE V ☐ DELETE

NAME TOLL, MICHAEL C
STREET ADDRESS 676 N. MICHIGAN AVE
CITY-ST-ZIP CHICAGO IL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ 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

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 119.07(3)(k), 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:

John LaCognata JOHN LACOGNATA

Date

Daytime Phone #

2/27/96 312-633-1444

CR2E034 (12/95)