

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

112

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000006247 (9)**

1. Corporation Name  
**SALLY BEAUTY DISTRIBUTION, INC.**



Principal Place of Business: **3900 MORSE ST DENTON TX 76208**  
Mailing Address: **3900 MORSE ST DENTON TX 76208**

3. Date Incorporated or Qualified: **12/22/1995**  
3a. Date of Last Report  
4. FEI Number: **75-2624245** 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: 21  
2a. Mailing Address: 26 **5525 Armitage Avenue**  
Suite, Apt. #, etc.: 22 **Clo Tax Department**  
City & State: 23 **Melrose Park, IL**  
Zip: 24 **60160** Country: 25 **USA**

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**  
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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAVIN, LEONARD H</b>	1.2 NAME	
STREET ADDRESS	<b>2525 ARMITAGE AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELROSE PARK IL 60160</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNICK, HOWARD B</b>	2.2 NAME	
STREET ADDRESS	<b>2525 ARMITAGE AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELROSE PARK IL 60160</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RENZULLI, MICHAEL</b>	3.2 NAME	
STREET ADDRESS	<b>2525 ARMITAGE AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELROSE PARK IL 60160</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAVIN, BERNICE E</b>	4.2 NAME	
STREET ADDRESS	<b>2525 ARMITAGE AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MELROSE PARK IL 60160</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: DATE: **5/1/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Sandra B. Morham, Secretary of State** Date: **708/450-3188**

CR2E034 (12/95)

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SALLY BEAUTY DISTRIBUTION, INC  
STATE OF FLORIDA  
ANNUAL REPORT ATTACHMENT  
LIST OF OFFICERS AND DIRECTORS

OFFICERS OF SALLY BEAUTY DISTRIBUTION, INC

<u>OFFICERS</u>	<u>TITLE</u>	<u>BUSINESS ADDRESS</u>	
Michael Renzulli	President	3900 Morse Street	Denton, TX 76202
Bernice E. Lavin	Secretary/Treasurer	2525 Armitage Avenue	Melrose Park, IL 60160

BOARD OF DIRECTORS OF SALLY BEAUTY DISTRIBUTION, INC

Leonard H. Lavin	2525 Armitage Avenue	Melrose Park, IL 60160
Michael Renzulli	3900 Morse Street	Denton, TX 76202
Howard B. Bernick	2525 Armitage Avenue	Melrose Park, IL 60160