

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

FILED

**May 12 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 # F95000006247 (9)

1. Corporation Name
SALLY BEAUTY DISTRIBUTION, INC.



Principal Place of Business 3900 MORSE ST DENTON TX 76208	Mailing Address 2525 ARMITAGE AVENUE C/O TAX DEPARTMENT MELROSE PARK IL 60160-1125 US
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3. Date Incorporated or Qualified 12/22/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 75-2624245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

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	
		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 C	NAME LAVIN, LEONARD H	1.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2525 ARMITAGE AVE	CITY-STATE-ZIP MELROSE PARK IL 60160	1.2 NAME LAVIN, LEONARD H	
		1.3 STREET ADDRESS 2525 ARMITAGE AVE	
		1.4 CITY-STATE-ZIP MELROSE PARK, IL 60160	
TITLE D	NAME BERNICK, HOWARD B	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2525 ARMITAGE AVE	CITY-STATE-ZIP MELROSE PARK IL 60160	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
TITLE PD	NAME RENZULLI, MICHAEL	3.1 TITLE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2525 ARMITAGE AVE	CITY-STATE-ZIP MELROSE PARK IL 60160	3.2 NAME RENZULLI, MICHAEL	
		3.3 STREET ADDRESS 3900 MORSE ST	
		3.4 CITY-STATE-ZIP DENTON, TX 76208	
TITLE ST	NAME LAVIN, BERNICE E	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2525 ARMITAGE AVE	CITY-STATE-ZIP MELROSE PARK IL 60160	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME WINTERHALTER, GARY	
STREET ADDRESS		5.3 STREET ADDRESS 3900 MORSE ST	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP DENTON, TX 76208	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME KAHNEY DEAN	
STREET ADDRESS		6.3 STREET ADDRESS 3900 MORSE ST	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP DENTON, TX 76208	

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:  **BERNICE E. LAVIN, SECRETARY AND TREASURER** Date: **4/30/97** Daytona, Florida #: **708/450-3188**

CR2E034 (9/96)

**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
Gary Winterhalter	Vice President	3900 Morse Street	Denton, TX 76202
Dean Kahney	Vice 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. Bemick	2525 Armitage Avenue	Melrose Park, IL 60160