

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 12/22/1995	4. FEI Number 75-2624245	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIN, LEONARD H	1.2 NAME	
STREET ADDRESS	2525 ARMITAGE AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE PARK IL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNICK, HOWARD B	2.2 NAME	
STREET ADDRESS	2525 ARMITAGE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE PARK IL 60160	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENZULLI, MICHAEL	3.2 NAME	
STREET ADDRESS	3900 MORSE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	DENTON TX	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVIN, BERNICE E	4.2 NAME	
STREET ADDRESS	2525 ARMITAGE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELROSE PARK IL 60160	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERHALTER, GARY	5.2 NAME	
STREET ADDRESS	3900 MORSE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	DENTON TX	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHNEY, DEAN	6.2 NAME	
STREET ADDRESS	3900 MORSE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	DENTON TX	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.

SIGNATURE: _____

CR2E034 (10/97)

**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
Gary Robinson	Assistant Treasurer	3900 Morse Street	Denton, TX 76202
Raal Roos	Assistant Secretary	3900 Morse Street	Denton, TX 76202

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