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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000003222 (4)

1. Corporation Name  
GREAT AMERICAN COSMETICS, INC.



Principal Place of Business  
99 SEAVIEW BLVD.  
PORT WASHINGTON NY 11050

Mailing Address  
99 SEAVIEW BLVD.  
PORT WASHINGTON NY 11050-4632

3. Date Incorporated or Qualified 06/24/1996	3a. Date of Last Report 6-24-96
4. FEI Number 11-3069760	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 11700 Monarch Suite, Apt. #, etc. 22 City & State 23 GARDEN GROVE CA Zip Country 24 92641 US	2a. Mailing Address 26 Box 2299 Suite, Apt. #, etc. 27 City & State 28 HUNTINGTON Beach CA Zip Country 29 92647 US
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9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	1.1 TITLE	V.P.
NAME	CARBONE, VINCENT M	1.2 NAME	MICHAEL BRESNAN
STREET ADDRESS	99 SEAVIEW BLVD.	1.3 STREET ADDRESS	11700 MONARCH
CITY- ST- ZIP	PORT WASHINGTON NY 11050	1.4 CITY- ST- ZIP	GARDEN GROVE, CA 92641
TITLE	DP	2.1 TITLE	
NAME	PALLINI, LARRY H	2.2 NAME	
STREET ADDRESS	99 SEAVIEW BLVD.	2.3 STREET ADDRESS	
CITY- ST- ZIP	PORT WASHINGTON NY 11050	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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 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:

*Michael Bresnan* V.P. MICHAEL BRESNAN VP

4-11-97 714-848-0411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006748

CR2E034 (9/96)