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FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90148 031 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002132

1. Corporation Name

THE COSMETIC CENTER, INC.



Principal Place of Business

8700 ROBERT FULTON DRIVE
COLUMBIA MD 21046
US

Mailing Address

8700 ROBERT FULTON DR
COLUMBIA MD 21046
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1997

4. FEI Number

52-1266697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

Zip Country

29

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DIENER, I HOWARD	
STREET ADDRESS	8700 ROBERT FULTON DR	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KRETZMAN, ROBERT K	
STREET ADDRESS	8700 ROBERT FULTON DR	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	CROWLEY, DWIGHT W	
STREET ADDRESS	8700 ROBERT FULTON DR	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	KUEBLER, HELEN	
STREET ADDRESS	8700 ROBERT FULTON DR	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GOLDMAN, ALLAN	
STREET ADDRESS	8700 ROBERT FULTON DR	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EVERETT, NORMAN D	
STREET ADDRESS	8700 ROBERT FULTON DR	
CITY-ST-ZIP	COLUMBIA MD 21046	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kevin Regan	
1.3 STREET ADDRESS	8700 Robert Fulton Drive	
1.4 CITY-ST-ZIP	Columbia, MD 21045	
2.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gary Nacht	
2.3 STREET ADDRESS	8700 Robert Fulton Drive	
2.4 CITY-ST-ZIP	Columbia, MD 21046	
3.1 TITLE	VPI COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kemp Woollen	
3.3 STREET ADDRESS	8700 Robert Fulton Drive	
3.4 CITY-ST-ZIP	Columbia, MD 21046	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)