FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G65795** **(8)**

1. Corporation Name

ABOUT FACE COSMETICS, INC.

Principal Place of Business

2981 MEDILAH CT.
TALLAHASSEE FL 32312

Mailing Address

2981 MEDILAH CT.
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified: **10/20/1983**

3a. Date of Last Report: **04/21/1995**

4. FEI Number: **59-2342515** ☐ 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 3425 THOMASVILLE RD
22 Suite, Apt. #, etc.
23 City & State: TALLAHASSEE, FL
24 Zip: 32308 25 Country:

2a. Mailing Address
26 P O BOX 10006
27 Suite, Apt. #, etc.
28 City & State: TALLAHASSEE, FL
29 Zip: 32302-2008 30 Country:

9. Name and Address of Current Registered Agent

SANCHEZ-CROCKER, CARMEN
3425 THOMASVILLE RD.
TALLAHASSEE FL ~~32308~~ 32308

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: DATE:

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SANCHEZ-CROCKER, CARMEN 2981 MEDINAH CT. TALLAHASSEE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CROCKER, JOHN B 2981 MEDINAH CT TALLAHASSEE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SANCHEZ, NATALY H. 295 110TH AVE. TREASURE ISLAND FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP		☐ Change ☐ Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP		☐ Change ☐ Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP	S/T SANCHEZ, RICHARD L. 23 ISLAND DR. ST. PETERSBURG, FL 33706	☐ Change ☒ Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP		☐ Change ☐ Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP		☐ Change ☐ Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is valid, and, unaltered and 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 X in Block.

SIGNATURE: Carmen S. Crocker 3/26/96 (904) 893-7546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

0030653 CP