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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

ILATATE II HOORGO

(5)

DOCUMENT # HOUS9!

1. Corporation Name

NATIONAL COSMETIC LABS, INC.



Principal Place o % JOEL FRI 15323 €9TH	EEDMAN	Mailing Address P. O. BOX 96 1250 S.W. 751					
	CH GARDENS FL 33418	JUPITER FL 3			3. Date Incorporated or Qualified 04/23/1984	3a. Date of la	st Beport
2. Principal Plac	ce o Business	2a. Mailing Addres	SS		4. FET Number 2214991	04/2	Applied For
1		26			09 22 1499 1		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, 6	etc.		5. Certificate of Status Desired	1 1	.75 Additional ee Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		5.00 May Be dded to Fees
Ζιρ	Country	Zıp	Count	lry	B. This corporation has liability for in	ntangible tax und	ers 199.032,
4	25	29	30		Florida Statutes	<b>⊠</b> No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent	<u> </u>
			[8	Name			
Freedman, Joel A. 15323 69th Dr N			82 Street Ad		ddress (P.O. Box Number is Not Acceptable)		
PALM (	BEACH FL 33418		ŧ	13			
			ļ.	34 City		85	Zip Code
			1,	City		FL   s	210 0000
familiar with	n, and abborn the congention on an	5,15,17,00,000,7,10,110,100	iatutes.				
SIGNATURE	Signature, typed or printed name of registered age		(NOTE: Registered A	gent signature require	ed when reinstaling)  ADDITIONS/CHANGES TO OFF	DATE IÇERS AND DIRE	CTORS IN 12
SIGNATURE 12.	Signature, typed or privited name of registered age OFFICERS Af	nt and tric if applicable.	(NOTE: Rugistored A				
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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** 

SIGNATURE NO TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PR 2 2 1996 PH. 407-743-349

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