

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # H23610

(9)

1. Corporation Name

SAVANT BEAUTY PRODUCTS, INC.



Principal Place of Business 7222 S. TAMIAHI TRL. STE. 401 217 AVENIDA MADERA SARASOTA FL 34242-1670 34231-5368	Mailing Address 7222 S. TAMIAHI TRL. STE. 401 217 AVENIDA MADERA SARASOTA FL 34242-1670 34231-5368
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7222 S. TAMIAHI TRL. Suite, Apt. #, etc. 22 401 City & State 23 SARASOTA FL. Zip 24 34231-5368		2a. Mailing Address 26 7222 S. TAMIAHI TRL. Suite, Apt. #, etc. 27 401 City & State 28 SARASOTA FL. Zip 29 34231-5368		3. Date Incorporated or Qualified 10/02/1984	
				4. FEI Number 59-2450603	
				5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOWARD, ELLEN  
2975A BEE RIDGE ROAD  
SARASOTA FL 33579

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 of 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  DONALD W. RIDGE 2/9/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP RIDGE, DONALD 8422 CYPRESS HOLLOW DR. SARASOTA FL 34238	1.1 TITLE	P. RIDGE, DONALD 8422 CYPRESS HOLLOW DR. SARASOTA FL 34238
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV RIDGE, KLARA 8422 CYPRESS HOLLOW DR. SARASOTA FL 34238	2.1 TITLE	V RIDGE, KLARA 8422 CYPRESS HOLLOW DR. SARASOTA FL 34238
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:  DONALD W. RIDGE 2/9/98/941922-9442

CP2E034 (10/97)