

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1994**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

94 AUG 12 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Corporation Name SIGHT 'N STYLE, INC.	DOCUMENT # J42209 (3)
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Mailing Address 590 DUNDAS DR. JACKSONVILLE FL 32210	Principal Place of Business 590 DUNDAS DR. JACKSONVILLE FL 32218
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If above addresses are incorrect in any way, line through incorrect information and enter correction below

3. Date Incorporated or Qualified 11/05/1986	3a. Date of Last Report 05/01/1993
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4. FEI Number 59-2736159	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
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7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Mailing Address	2a. Principal Place of Business
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent ELEFANT, FRED 1650 PRUDENTIAL DR., SUITE #105 JACKSONVILLE FL 32207	
B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. Zip Code	FL

10. Name and Address of New Registered Agent	
B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when re-registering)

12. OFFICERS AND DIRECTORS	
11. TITLE	D/P
12. NAME	DIETRICK, JUDY
13. STREET ADDRESS	590 DUNDAS DR.
14. CITY - ST - ZIP	JACKSONVILLE FL
21. TITLE	V
22. NAME	DIETRICK, JOHN
23. STREET ADDRESS	590 DUNDAS DRIVE
24. CITY - ST - ZIP	JACKSONVILLE FL
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12:	
11. TITLE	
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is determined exempt from public access. 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 and make such a copy that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *Judy L. Dietrick* **JUDY L. DIETRICK** 8/8/94 1-904 751-2446
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR