

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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L41386** (8)

1. Corporation Name  
**BEAUTY MARKET, INC.**

Principal Place of Business <b>1837 N. MILITARY TR. WEST PALM BEACH FL 33409 US</b>	Mailing Address <b>1837 N. MILITARY TR. WEST PALM BEACH FL 33409-4762 US</b>
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2. Principal Place of Business 21 <b>1695 INDIANTOWN Rd.</b> Suite, Apt. #, etc. 22 City & State 23 <b>JUPITER FL</b> Zip Country 24 <b>33458</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>1695 INDIANTOWN Rd.</b> Suite, Apt. #, etc. 27 City & State 28 <b>JUPITER FL</b> Zip Country 29 <b>33458</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>01/03/1990</b>	3a. Date of Last Report <b>03/14/1996</b>
		4. FEI Number <b>65-0163100</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**WEBSTER, CAROL  
5800 N. DIXIE HWY.  
#804  
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name <b>CAROL WEBSTER</b>	85 Zip Code <b>FL 33418</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>18 DORCHESTER Circle</b>	
83 <b>Palm Beach Gardens FL</b>	
84 City	

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 *Carol Webster* **CAROL WEBSTER** DATE **4-25-97**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MURRAY, LINDA</b>		1.2 NAME	
STREET ADDRESS <b>8101 NASHUA ST.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE PARK FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>DST</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEBSTER, CAROL</b>		2.2 NAME	<b>address</b>
STREET ADDRESS <b>5800 N. DIXIE HWY #804</b>		2.3 STREET ADDRESS	<b>18 DORCHESTER Circle</b>
CITY-ST-ZIP <b>WEST PALM BEACH FL</b>		2.4 CITY-ST-ZIP	<b>Palm Beach Gardens FL 33418</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Carol Webster* **CAROL WEBSTER** DATE **4-25-97** **561-743-6477**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)