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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L41909

(7)

INDUIGENCE COSMETICS CORPORATION

incipal Place of Business	Mailing Address		
05 University Drive	1506 UNIVERSITY DRIVE		
Dral Springs FL 33071-6041	CORAL SPRINGS FL 33071-6041		

FILED Apr 21 1997 8:00am Secretary of State



Principal Place of Business Mailing Address									
1505 UNIVERSIT CORAL SPRING	TY DRIVE IS FL 33071-6041	1505 UNIVERSITY DRIVE CORAL SPRINGS FL 330		٠					
				3: Date incorporated or Qualified . 01/11/1990	3a. Date of Last Report 04/18/1996				
	ace of Business	2a. Malling Address			4. FEI Number	1	Ap	plied For	
21	14	26			65-0172566		No	t Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	<u></u>		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State	h		6. Election Campaign Financing	C	\$5.00 May Be Added to Fees		
Zip	Country	28 	Country		Trust Fund Contribution				
24	25	29	30		This corporation has liability for intangible tax under s. 199.032, Florida Statutes To No				
	Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Age	nt		
STRA	asser, linda		8	1 Name	•				
1505 UNIVERSITY DRIVE CORAL SPRINGS FL 33071-6041			8	82 Street Address (P.O. Box Number is Not Acceptable)					
			8	3					
			8	4 City		FL	5 Zip (Code	
11, Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ules, the abo	ve-named co	rporation submits this statement for the p		anging it	ts registered	
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such change was jations of, Section 607.0505, F	authorized Iorida Statul	by the corpor les.	rporation submits this statement for the p ation's board of directors. I hereby accep	t the appoint	lmont as	registered	
SIGNATURE	Signature, typed or printed name of registered ag	out and title if applicable (NC	III Ren stored A	Agent signsture reg	uired when reinstating)	DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12	
TITLE	PSD	☐ DELFTE	1.1 1111	E			Change	Addition	
NAME	STRASSER, LINDA		1.2 NAM	E					
STREET ADDRESS	1505 UNIVERSITY DRIVE		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 C		-ST-7/P					
TITLE	D	DELETE 2.11					Change	Addition	
NAME -	STRASSER, EUGENE J		2.2 NAM	E]	
STREET ADDRESS	1505 UNIVERSITY DR		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL		2. 4 CIT	/- S1- ZIP					
TITLE		☐ DELETE	3.1 1/11/				Change	Addition	
NAME)			3.2 NAM	lE)					
STREET ADDRESS			3 3 STRE	ET ADDRESS					
CITY-SY-ZIP			3.4. CITY	/-SI-ZIP					
TITLE		☐ DELETE	4.1 1111				Change	Addition	
NAME			4. 2 NAN	AE.				Į	
\$TREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 C(1)Y	- S1 - ZIP					
TITLE		DELETE	5.1 ¥(TL)				Change	☐ Addition	
NAME			5.2 NAM	E				1	
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP				- \$1 - ZIP					
TILLE ,		DELETE	61 THE	Ī	1		Change	☐ Addition	
NAME			6.2 NAM						
STREET ADDRESS			6.3 STRE	ET ADDRESS					
CITY-ST-ZIP			6.4 CiTY	-ST-ZIP					

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 logal 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 \$1005-13 if changed, or on an attachment with an address.