FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L69080** **(4)**

1. Corporate Name
SUNSET 'N SHOP BEAUTY SALON, INC.

Mailing Address
C/O CLAUDIA C. DELORENZO
4775 S.E. DIXIE HIGHWAY
STUART FL 34997

Principal Place of Business
C/O CLAUDIA C. DELORENZO
4775 S.E. DIXIE HIGHWAY
STUART FL 34997

3. Date Incorporated or Qualified: **04/30/1990**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **65-0226185** — Applied For / Not Applicable
5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees
8. This corporation has elected to be taxed as an S corporation under s. 1990.032, Florida Statutes: [X] Yes [ ] No

2. Principal Place of Business
21
22
23
24 City 25 State/Country

2a. Mailing Address
26
27
28
29 City 30 State/Country

9. Name and Address of Current Registered Agent
DELORENZO, CLAUDIA C.
4775 S.E. DIXIE HIGHWAY
STUART FL 34997

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and Ch. 617, 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. 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 of Registered Agent — Date

12. OFFICERS AND DIRECTORS:

[ ] OFFR
D
DELORENZO, CLAUDIA C.
742 WHITEHURST AVENUE
PORT ST. LUCIE FL

[ ] DIRR

[ ] OFFR

[ ] DIRR

[ ] OFFR

[ ] DIRR

[ ] OFFR

[ ] DIRR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental 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 with an office or director title.

SIGNATURE: Claudia DeLorenzo — 1-23-96 — 407 221-1569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)