

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M94817

(7)

1. Corporation Name

ADVANCED COSMETRONS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:52

Principal Place of Business

7495 W. ATLANTIC AVE. #220
DELRAY BCH. FL 33446-8302

Mailing Address

7495 W. ATLANTIC AVE. #220
DELRAY BCH. FL 33446-8302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/18/1988	3a. Date of Last Report 01/20/1994
4. FEI Number 65-0077321	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 liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

ZUCKER, HARRY
7495 W. ATLANTIC AVE. #220
DELRAY BCH. FL 33446

10. Name and Address of New Registered Agent

81. Name	85. Zip (Circle)
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 officer 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

Signature: Typed or printed name of registered agent and title, if applicable.

Signature: Typed or printed name of registered agent and title, if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PD	1. TITLE	☐ Change ☐ Addition
NAME	ZUCKER, HARRY	2. NAME	
STREET ADDRESS	15911 LOMOND HILLS TRAIL	3. STREET ADDRESS	
CITY, ST, ZIP	DELRAY BCH, FL	4. CITY, ST, ZIP	
TITLE		5. TITLE	☐ Change ☐ Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption provided in Section 199.032(1)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that any corporation shall have the same legal effect as if made in accordance with, and accept the obligations of, Section 607.0505, Florida Statutes, and that any change appears in Block 12 or Block 13 is changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR DIRECTOR

1/11/95 407-499-1300