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NONPROFIT CORPQRATION ANNUAL REPORT



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

1996

STREET ADDRESS

DOCUMENT # N9300002521 (3)

Corporation Name		
MAKE BONAVEN	ture Beauti	FUL, INC.

Mailing Address Principal Place of Business 1304 SW 160TH AVE. 1304 SW 160TH AVE. FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33326 3. Date Incorporated or Qualified 06/04/1993 3a. Date of Last Report 11/20/1995 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0416976 Not Applicable 21 26 \$8.75 Additional Suite Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired П Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing Crty & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Zip Country Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEGAL INFORMATION SERVICES, INC. 82 1290 WESTON RD 83 SUITE 214 FT LAUDERDALE FL 33326 85 Zip Code City 84 11. Pursuant to the provisions of 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 617.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and fit elif applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Addition PD 1.1 TIFLE TITLE LEVIN, BERNARD H 1.2 NAME NAME 16066 FAIRWAY CIR 1.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33326 1.4 CITY - ST - ZIP CITY - ST - ZIP PRESIDENT AND DIRECTUAL Change Addition DELETE 21 TITLE VD TITLE 2.2 NAME POZEN, JERRY NAME 693 RACQUET CLUB RD 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33326 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3 1 TITLE TITLE GOREN, EMANUEL 3.2 NAME NAME 16091 BLATT BLVD #401 3 3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33326 34. CHTY-ST-ZIP CITY-ST-ZIP TRUNSURER AND DIRECTOR Change DELETE 4.1 TITLE SĎ TITLE LEEKOFF, DAVID 4. 2 NAME NAME 542 VILLAGE LAKE DR 4.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33326 4 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TD TITLE NORETSKY, EDWARD 52 NAME NAME 5.3 STREET ADDRESS 16770 LAKEVIEW CT STREET ADDRESS FT LAUDERDALE FL 33326 5 4 CITY - ST - ZIP CITY - ST - ZIP 200001846852°° -06/03/96--01012--007 Addition DELETE SECRETAR 6 1 TITLE TITLE TRACY REICHANDTERY 228 LA COSTA WAY 6.2 NAME NAME 6.3 STREET ADDRESS

14. Ido 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)(k). 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JERRY POZEN JOHN COMPRINTED PAJE OF SIGNATURE AND TYPED DR PRINTED PAJE OF SIGNATURE OF SIGNATURE AND TYPED DR PRINTED PAJE OF SIGNATURE AND TYPED PAJE OF SIGNATURE AND

(12/95)

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