

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000076986 (7)
1. Corporation Name

VON'S BEAUTY TRANSITION, INC.



Principal Place of Business
4523 LAKE ORLANDO PKWY SOUTH
ORLANDO FL 32808

Mailing Address
4523 LAKE ORLANDO PKWY SOUTH
ORLANDO FL 32808

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1993	3a. Date of Last Report 06/20/1995
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3208968	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
CARLISLE, RONALD 2731 SILVER STAR ROAD ORLANDO FL 32808				10. Name and Address of New Registered Agent	

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		DATE	
Signature (specify or print name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when re-registering)	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	THOMPSON, VONCILLE G	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4523 LAKE ORLANDO PKWY SOUTH	ORLANDO FL 32808		
VD	THOMPSON, KENNETH	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4523 LAKE ORLANDO PKWY SOUTH	ORLANDO FL 32808		
SD	CARLISLE, RONALD W	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2731 SILVER STAR RD.	ORLANDO FL 32808		
14. I do 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 JUNE 96

Date: Day/Month/Year