

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

APPROVED AND FILED

95 MAY -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000022222 (1)
 1. Corporation Name
J.C. INTERNATIONAL BEAUTY SALON CO.

Principal Place of Business: **629 MIDRON DRIVE, KISSIMMEE FL 34759**
 Mailing Address: **629 MIDRON DRIVE, KISSIMMEE FL 34759**

2. Principal Place of Business
 21 Sute, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Sute, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified: **03/23/1994**
 3a. Date of Last Report
 4. FEI Number: **59-3255770**
 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

9. Name and Address of Current Registered Agent
CLARKE, JOYCE I
629 MIDRON DRIVE
KISSIMMEE FL 34759

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

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: _____ (Signature typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	12 NAME	13 STREET ADDRESS
NAME	12 NAME	14 CITY - ST - ZIP	14 CITY - ST - ZIP
STREET ADDRESS	21 TITLE	22 NAME	23 STREET ADDRESS
CITY - ST - ZIP	22 NAME	24 CITY - ST - ZIP	24 CITY - ST - ZIP
	31 TITLE	32 NAME	33 STREET ADDRESS
	32 NAME	34 CITY - ST - ZIP	34 CITY - ST - ZIP
	41 TITLE	42 NAME	43 STREET ADDRESS
	42 NAME	44 CITY - ST - ZIP	44 CITY - ST - ZIP
	51 TITLE	52 NAME	53 STREET ADDRESS
	52 NAME	54 CITY - ST - ZIP	54 CITY - ST - ZIP
	61 TITLE	62 NAME	63 STREET ADDRESS
	62 NAME	64 CITY - ST - ZIP	64 CITY - ST - ZIP

PRESIDENT
JOYCE I CLARKE
629 MIDRON DR
KISSIMMEE, FL 34754

Change Addition
700001488037
-05/16/95--01010--015
******200.00 ****200.00**

3/1/95
UJT

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOYCE I CLARKE

Date: **4-19-95 (813) 427-1201**
 (Typed Name)