FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12: 47

DOCUMENT # P94000034270 (6)

1. Corporation Name

HEAD TO TOE BEAUTY SUPPLY AND SINCERE SENTIMENTS AUTHORIZED DISTRIBUTOR, INC.

Principal Place of Business	Mailing Address
2355 N.W. 37TH AVE. COCONUT CREEK FL 33066	2355 N.W. 37TH AVE. COCONUT CREEK FL 33066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/05/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 1729 W. Las Olas Blvd	26 1729 W. Las Olas Blvd
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 Ft. Lauderdale FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33312 — Country 25 Broward	Zip 29 33312 — Country 30 Broward

4. FEI Number 65-0503924 — 210412 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STERN, RONALD N 2355 N.W. 37TH AVE. COCONUT CREEK FL 33066	81 Name: Same 82 Street Address (P.O. Box Number is Not Acceptable): 1729 W. Las Olas Blvd 83 Ft. Lauderdale 84 City FL 85 Zip Code 33312

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] 4-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	STERN, RONALD N	1.2 NAME	
STREET ADDRESS	2355 N.W. 37TH AVE.	1.3 STREET ADDRESS	
CITY ST ZIP	COCONUT CREEK FL 33066	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	REMITTED BY MAY 1
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4-24-95 305-877 4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ronald Neil Stern

0110607 CP