

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000049661**

1. Corporation Name

B.S.K. BEAUTY SUPPLY, INC.

Principal Place of Business

1420 S.W. 30TH AVENUE, #8
BOYNTON BEACH FL 33426

Mailing Address

1420 S.W. 30TH AVENUE, #8
BOYNTON BEACH FL 33426

2. Principal Place of Business

21 *1399 S.W. 30TH AVE*

2a. Mailing Address

26 *1399 S.W. 30TH AVE*

Suite, Apt. #, etc.

#6

27 Suite, Apt. #, etc.

#6

City & State

23 *BOYNTON BEACH FL*

28 City & State

BOYNTON BEACH FL

Zip

24 *33476*

25

Country

29

33476

Zip

30

Country

9. Name and Address of Current Registered Agent

WENITSKY, BERNARD D
1420 S.W. 30TH AVENUE, #8
BOYNTON BEACH FL 33426

81 Name

BERNARD

82 Street Address (P.O. Box Number is Not Acceptable)

1399 S.W. 30TH AVE #6

83

84 City

BOYNTON BEACH

85 Zip Code
33476

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 *BERNARD WENITSKY*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/99

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENITSKY, BERNARD D		1.2 NAME	
STREET ADDRESS	10710 FAIRMONT VILLAGE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENITSKY, LISA		2.2 NAME	
STREET ADDRESS	1725 PALM COVE BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Bernard WENITSKY*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

561-734-9322

Date Daytime Phone #

CR2E034 (11/98)