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

APPROVED AND FILED

95 APR 28 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000073186 (6)**

1. Corporate Name

ADVANCED BEAUTY CARE ACADEMY, INC.

Principal Place of Business	Mailing Address
213 FLAGLER AVENUE NEW SMYRNA BEACH FL 32169	213 FLAGLER AVENUE NEW SMYRNA BEACH FL 32169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1994	3a. Date of Last Report: N/A
4. FEI Number: 59-3272522	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	

2. Principal Place of Business	2a. Mailing Address
21 213 Flagler Avenue	26 213 Flagler Avenue
Suite, Apt. #, etc. 22 Upper level	Suite, Apt. #, etc. 27 upper level
City & State 23 New Smyrna Beach, FL	City & State 28 New Smyrna Beach
Zip 24 32169 — County 25 Volusia	Zip 29 32169 — County 30 Volusia

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BREWER, MICHAEL L 500 CANAL STREET NEW SMYRNA BEACH FL 32168	81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL — 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	MORRIS, MARY	
STREET ADDRESS	327 WILDER #B304	N/A
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	☐ Change ☐ Addition
NAME	LORENZINI, DIANNE MARIE	
STREET ADDRESS	5585 LANCEWOOD DRIVE	
CITY-ST-ZIP	HARBOR OAKS FL 32127	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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(1)(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.

SIGNATURE: Dianne Marie Lorenzini Dianne Marie Lorenzini, 4-25-95 904/428-0791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0012926 CP