

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Aug 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000090642 (7)

1. Corporation Name
EUROPEAN BEAUTY SUPPLY, INC.

Principal Place of Business
1866 A DREW ST
CLEARWATER FL 34625

Mailing Address
1866 A DREW ST
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/12/1994
3a. Date of Last Report 04/29/1996

4. FEI Number 59-3296075
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 1710 N. HERCULES AVE #102
Suite, Apt. #, etc.

2a. Mailing Address
26 1710 N. HERCULES AVE #102
Suite, Apt. #, etc.

22 City & State
23 CLEARWATER, FL.

27 City & State
28 CLEARWATER, FL.

24 Zip 33765
25 Country USA

29 Zip 33765
30 Country USA

9. Name and Address of Current Registered Agent

URBEN, SCOTT G
1866 A DREW ST
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name GREG BARTEK
82 Street Address (P.O. Box Number is Not Acceptable)
83 1473 SOUTHRIDGE DR.
84 City CLEARWATER FL 85 Zip Code 33765

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]* (NOTE: Registered Agent signature required when reinstating) DATE 8/5/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CEOC	URBEN, SCOTT G	1866 A DREW ST	CLEARWATER FL	<input checked="" type="checkbox"/>
PC	BARTEK, GREG	1866 A DREW ST	CLEARWATER FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRESIDENT / TREASURER	GREG BARTEK	1710 N. HERCULES AVE #102	CLEARWATER, FL 33765	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V.P.	ROBERT WADE	1710 N. HERCULES AVE. #102	CLEARWATER, FL 33765	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 checked, or on an attachment with an address.

SIGNATURE *[Signature]* DATE 8/5/97 812-44-4041

CR2E034 (4/97)