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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000029583 (8)

FACE & BODY - "JUST YOURS" INC.

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Principal Place of Business			Mailing Address						651 <b>BA</b> 111 <b>BA</b> 11 <b>B</b>	11019 10191 0119	11 (8142 htt )44t	
19414 CRESCENT ROAD ODESSA FL 33556			19414 CRESCENT ROAD ODESSA FL 33556									
								3. Date incorporated or Qualified 04/15/1995	<b>3a.</b> Da	12/31		
2. Principal Pla	ace of Business		2a. Mailing	Address				4. FEI Number		<b></b>	Applied For	
21		26	a karakaran da arawa da arawa arawa a da a a a a a a a a a a a a a a a a				9.15115			Not Applicable		
Suite, Apt. :	#, etc.	27 Suite A	Suite Apt. #, etc				5. Gertificate of Status Desired		\$8.75 Additional Fee Required			
City & State	÷	h 200	City & State				Election Campaign Financing     Trust Fund Contribution			O May Be		
Zip		Country	Z(g)		Cour	ntry		8. This corporation has liability	r intangible			
24	25		29		30			Florida Statutes 🕡 Y	es 🔲 No			
	9. Name an	d Address of Currer	nt Registered Ag	jent				10. Name and Address of New	Registere	d Agent		
						81	Name					
	, JUDY K					Street Ac	ldress (P.O. Box Number is Not Accept	able)				
19414 CRESCENT ROAD ODESSA FL 33556												
						84	City	A A A A A A A A A A A A A A A A A A A	F	85 Zi	ip Code	
or register	ed agent, or bot	of Sections 607.0502 th, in the State of Flori ne obligations of, Sect	ida. Such change.	was authorize	ed by the o	orko Orko	amed corporation's by	poration submits this statement for the p pard of directors. I hereby accept the ap	urpose of c	changing its r	registered office diagent. Lam	
SIGNATURE:	Signature typed or pr	nied name oling sies diager	Panel (Morta) polace	. NA	dE Registerial	Азын	l signature regi	wied y hen senstatings	÷TAG			
12.		OFFICERS AN	D DIRECTORS		13.			ADDITIONS/CHANGES TO O	FFICERS AN			
TITLE	D			] DELETE	1.11	TLE	ĺ			☐ Change	☐ Addition	
NAME	CUMBIE, J				1.2 NA	ME						
STREET ADDRESS		ESCENT ROAD			1351	HEE:	ADDRESS					
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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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPER OF PHINTED WAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

813-920-1288