

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000081116 (2)**

1. Corporation Name

**MS. DEE'S WORLD OF BEAUTY, INC.**



Principal Place of Business

Mailing Address

**3720 1/2 MLK BLVD.  
TAMPA FL 33610**

**3720 1/2 MLK BLVD.  
TAMPA FL 33610**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified  
**10/19/1995**

3a. Date of Last Report

4. FFI Number

**59-3312814**

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

9. Name and Address of Current Registered Agent

**HART, JAMES JR.  
5006 E. CUMBERLAND DRIVE  
TAMPA FL 33617**

10. Name and Address of New Registered Agent

81 Name **Dianne HART**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5006 E. Cumberland Dr.**  
83  
84 City **Tampa** FL 85 Zip Code **33617**

11. Pursuant to the provisions of Sections 607.0509 and 607.0606, 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]*

**4/13/96**

12. OFFICERS AND DIRECTORS

TITLE <b>President</b>	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/In
12 NAME <b>Dianne HART</b>	
13 STREET ADDRESS <b>5006 E. CUMBERLAND DR.</b>	
14 CITY - ST - ZIP <b>Tampa Fla. 33617</b>	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE <b>800001896538</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME <b>-07/17/96-01037-00047</b>	
53 STREET ADDRESS <b>***225.00</b>	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/96**

**1813 247-4368**

CR2E034 (12/95)