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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000096863 (2)

EDUCATED BEAUTY, INC.

FACALIED PEROLITIMO.				
Principal Place of Business	Mailing Address			
1850 DIPLOMAT PKWY HOLLYWOOD FL 33018	1550 DIPLOMAT PKWY HOLLYWOOD FL 33019-2232			
US	US			

FILED May 02 1997 8:00am Secretary of State

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Principal Place	e of Business	Mailing Address					ABITA TATEM ATTRE SELEN EL	ABB (181 198)	
1850 DIPLOMAT PKWY HOLLYWOOD FL 33018 US		1550 DIPLOMAT PKWY HOLLYWOOD FL 33019-2232 US							
		••				3. Date Incorporated or Qualified 12/22/1995	3a. Date of Last 02/20/1996	Report	
2, Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number		Applied For	
21		26				65-0632868	Th.	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 '	Additional Required	
City & State	e	City & State				6. Election Campaign Financing	\$5.00	0 May Be	
23		28				Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Count	lry		8. This corporation has liability fo			
24	25	}··-·}	30			Florida Statutes Yes No			
	9. Name and Address of Curre				· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New He	stered Agent		
CHA	ARNACK, ZIA		8	31	Namo				
1550	DIPLOMAT PKWY.		8	32	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
· not	LYWOOD FL 33019		8	33					
•			1	14	City		DE 700	Code	
			ľ	"	City		FL 85 Z(Code	
office or r agent. I a SIGNATURE	registered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized rida Statul	by les.	the corporation	oration submits this statement for the point's board of directors. I hereby accep	of the appointment a	its registered is registered	
	Bignature, typed or printed name of registered as			Agen	it signature require	d when reinstating)	DATE		
12.	DELICERS AN	ND DIRECTORS	13.		P,	ADDITIONS/CHANGES TO OFFIC	Change		
TITLE '	CHARNACK, ZIA	☐ Ditt it	1.1 71114		- T.		Change -	ווסוווטנ	
NAME	1550 DIPLOMAT PKWY.		1,2 NAM		CH	arnack, zia 50 Diplomat Pkwy.		l	
STREET ADDRESS	HOLLYWOOD FL 33019	•			ADDRESS 5	SO DIPLOMAT PROM			
CITY-ST-ZIP	HOLLINGOD I E 330 19	Doubt	1/4 CITY		· 71F	WW000, PL 33019			
TITLE		☐ DELETE	2.1 TITLE		1	T, S	Change	Addition	
NAME	i		2 2 NAM		CH	HARNACK, DAVIO			
STREET ADDRESS					ADDRESS 5	20 OZDEOLIMA KKMÅ	_		
CITY-ST-ZIP		T ALLET	2 4 CITY		1-7IP 1-4	WHWOOD, FL 33019	<u> </u>	A 4 400 .	
TITLE		☐ DELETE	3 1 111(1			•	Change	Addition	
NAME			3 2 NAM					Į	
STREET ADDRESS					ADDRESS			- 1	
CITY-ST-ZIP		DELETE	3,4. CITY		1 - ZIP			- I Aware	
TITLE		בין אנונונ	4 1 11111				Change	: L Addition	
NAME			4 2 NAN						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4 4 CITY		- 71P	A SERVICE OF THE PERSON OF THE			
TITLE		☐ DELETE	51 IRL	F.			Change	: 🔲 Addition	
NAME ²			52 NAM		1				
STREET ADDRESS			53 STRE	EFTA	ADDRESS				
CITY-ST-ZIP			5.4 CITY	(-S)	- ZIP				
TITLE		☐ DELE1E	61 1111	E			Change	Addition	
NAME			6 2 NAM	AE.				}	
PERCET ADDRESS			0.0.010	,,,,	IDDOLOG				

14. I do hereby certify that the information supplied with this filling 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 supplied that 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 conforation on 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 for on any clackment with an address.