


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

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FILED
Jun 24, 1999 8:00 am
Secretary of State

06-24-1999 90014 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000030044					
1. Corporation Name COLORLAB COSMETICS INC.					
Principal Place of Business 2945 NE 19TH ST. POMPANO BEACH FL 33062			Mailing Address 2945 NE 10TH ST. POMPANO BEACH FL 33062		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 2825 E Oakland Park Blvd		2a. Mailing Address 26 (same)		3. Date Incorporated or Qualified 04/01/1996	
Suite, Apt. #, etc. 22 *		Suite, Apt. #, etc. 27		4. FEI Number 65-0657514	
City & State 23 FL. Lauderdale, FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33306		Country 25 U.S.		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Zip 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHILLING, KATHLEEN 2945-NE 19TH ST. POMPANO BEACH FL 33062			10. Name and Address of New Registered Agent 81 Name Kathleen Schilling 82 Street Address (P.O. Box Number is Not Acceptable) 1111 Waverly Rd 83 84 City Ft. Lauderdale FL 85 Zip Code 33306		
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 K Schilling Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELETED	1.1 TITLE	V.P.	
NAME	SWAAB, MARY		1.2 NAME		
STREET ADDRESS	4139 OAK LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD IL		1.4 CITY-ST-ZIP		
TITLE	VP	DELETED	2.1 TITLE	P.	
NAME	SCHILLING, KATHLEEN		2.2 NAME		
STREET ADDRESS	2945 NE 10TH ST 1111 Waverly Rd		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL Ft. Lauderdale FL		2.4 CITY-ST-ZIP		
TITLE		DELETED	3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETED	4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETED	5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETED	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

954-564-068

CR2E034 (11/98)