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 # P96000077267 (8)

BEAUTY MARKS, INC.

Principal Pi	ace of Business	Mailing Address			I TOO HINGS ING SOLES BIJAN BOSIN DENIN DANIN	Bibtel fibilit i	DASA ISTOIT OIFFI LODI EEDI			
52S CLEVELAND STREET CLEARWATER FL 34615		525 CLEVELAND STREET CLEARWATER FL 34615-4007								
						3. Date incorporated or Qualified 09/17/1996	3a. Da	te of Last Report		
	l Place of Business	2a. Mailing Address			4. FEI Number		Applied For			
21		26	26			59-3400219		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Ζιρ 24	Country 25	Z(p	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Cur	t	1	10. Name and Address of New Registered Agent						
GAILZAID, VICKI					Name					
525 CLEVELAND STREET CLEARWATER FL 34615				82	Street Addr	dress (P.O. Box Number is Not Acceptable)				
				83						
				64	City		FL	85 Zip Code		
 office of 	int to the provisions of Sections 607 (or registered agent, or both, in the St Lam familiar with, and accept the ob	ate of Florida. Such ch	ange was authoriz	ed by	the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of it the app	changing its registered ointment as registered		

SIGNATURE Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTOR	1S IN 12					
TITLE	PST .	DELETE	1.1 TITLE		Change	Addition					
NAME	GAILZAID, VICKI		1.2 NAME								
STREET ADDRESS	525 CLEVELAND STREET		1.3 STREET ADDRESS]					
CITY - ST-ZIP	CLEARWATER FL 34615		1.4 CITY - ST - ZIP								
TITLE	V	DELETE	2.1 TITLE		☐ Change	Addition					
NAME	BENTHIEN, SIMONE		2.2 NAME			Ì					
STREET ADDRESS	525 CLEVELAND STREET		23 STREET ADORESS								
CITY - ST - ZIP	CLEARWATER FL 34615		2 4 CITY-ST-ZIP								
TOLE	L	DELETE	3.1 TITLE		☐ Change	Addition					
NAME			32 NAME			1					
STREET ADDRESS			33 STREET ADDRESS								
CITY - ST - ZIP			3.4. CITY+ST-ZIP								
TITLE		DELETE	4.1 TITLE		☐ Change	Addition					
NAME			4. 2 NAME			l					
STREET ADDRESS			4.3 STREET ADDRESS	•							
CITY - ST - ZIP			4.4 CITY - ST - ZIP								
TITLE		DELETE	5.1 TITLE		☐ Change	☐ Addition					
NAME			52 NAME			ļ					
STREET ADDRESS		i	5.3 STREET ADDRESS								
DITY - ST - ZIP			5.4 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE		Change	Addition :					
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-7#			6.4 CITY-ST-ZIP	440.07/07/25							

14. If 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 changed, as on an attachment with an address.

SIGNATURE:

Vicki Gailzaid

1/9/97

(813)447-4366

FILED

Jan 24 1997 8:00am

Secretary of State

0443704

Daytime Phone #