


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

FILED
Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moltham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000099745 (7)

1. Corporation Name
ETERNAL BEAUTY, INC.

Principal Place of Business 750 S ORANGE BLOSSOM TRAIL, SUITE 104 ORLANDO FL 32805	Mailing Address 750 S ORANGE BLOSSOM TRAIL, SUITE 104 ORLANDO FL 32805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 600 N. Hwy 17-92 Suite, Apt. #, etc. #1164 City & State Longwood, FL Zip 32750 Country US	2a. Mailing Address 26 600 N. Hwy 17-92 #1164 Suite, Apt. #, etc. #1164 City & State Longwood, FL Zip 32750 Country US
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3. Date Incorporated or Qualified 01/01/1997	4. FEI Number 59-3414576	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

MONTGOMERY, RUBY J
750 S ORANGE BLOSSOM TRAIL, SUITE 104
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name Ruby J Montgomery	85 Zip Code 32750
82 Street Address (P.O. Box Number is Not Acceptable) 600 N. Hwy 17-92 #1164	
83	
84 City Longwood	FL

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

[Signature]
Signature, typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/2/98

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME MONTGOMERY, RUBY J	
STREET ADDRESS 750 S ORANGE BLOSSOM TRAIL, SUITE 104	
CITY-ST-ZIP ORLANDO FL 32805	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE

[Signature]

3/2/98

CR2E034 (10/97)