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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000018367 (7)

FABULOUS FACES OF FLORIDA, INC.

Principal Place of Business

Mailing Address

FILED May 12 1998 8:00am Secretary of State



329 PARK AVE. SOUTH. SUITE 202 WINTER PARK FL 32789		329 PARK AVE. SOUTH, SUITE 202 WINTER PARK FL 32789				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 02/27/1997
2. Principal Pl	ace of Business	2a. Mailing Address 26	<u> </u>			4. FEI Number Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Section Secti
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zμ	Country			8. This corporation owes or has paid the current year Intangible
24	25 25 Name and Address of Curren		30			Personal Property Tax due June 30. Yes No
904	HERKER, DEBORAH	3		31	Name	10. 11-11-11-11-11-11-11-11-11-11-11-11-11-
	PARK AVE. SOUTH, SUITE 202			32	Street A	ddress (P.O. Box Number is Not Acceptable)
	ITER PARK FL 32789					The state of the s
			L	13		
			8	34	City	FL 85 Zip Code
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 Horida. 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, typed or printed name of registered agent and to it if applicable (NOTE Registered Agent signature required when reinstalling) CATE OATE						
12.	OFFICERS AND		13.	-tgen	n signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	0	DELETE	1.1 TITL	 F		Change Addition
NAME	SCHERKER, DEBORAH		1 2 NAME			
STREET ADDRESS 329 PARK AVE. SOUTH, SUITE		E 202	1.3 STREET ADDRE		ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789		14 CiTy			
TITLE	D DELETE			21 TITLE		☐ Change ☐ Addition
NAME	\$CHERKER, EDWARD		22 NAM	22 NAME		
STREET ADDRESS	8211 SW 3RD COURT		2.3 STREET		ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL 33068		2. 4 CITY - ST - ZIP		T-ZIP	
TITLE		DELETE		31 TITLE		Change Addition
NAME	•		3.2 NAME			
STREET ADDRESS			3.3 STR	3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-ST-ZIP		T-ZIP	
TITLE		DELETE	41 TITLE			☐ Change ☐ Addition
NAME	•		4. 2 NAME		İ	
STREET ADDRESS			43 STR	EET A	ADDRESS	
CITY-ST-ZIP	r-zip _		4.4 CITY - S1 - ZIP		-ZIP	
TITLE	DELETE 5.1		5.1 THL	5.1 THILE		Change Addition
NAME			5.2 NAM	1F	-	
STREET ADDRESS	539		5 3 STR	EET A	ADDRESS	
CITY-ST-ZIP		4.15. 2 5.200	5.4 City-S		- ZIP	
TITLE		☐ DELETE	61 TITLE		[Change Addition
NAME			6.2 NAM	1E	ļ	
STREET ADDRESS	ESS		63 STR	6 3 STREET ADDRESS		
CITY-ST-ZIP				64 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 suppliemental 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 enipowered 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.						