

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 APR 18 PM 10: 07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # V24258 (8)**

**1. Corporation Name  
L. A. BEAUTY CORPORATION**

**Principal Place of Business Mailing Address  
1200 DELTONA BLVD. 1200 DELTONA BLVD.  
SUITE 48 SUITE 48  
DELTONA FL 32725 DELTONA FL 32725**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 04/01/1992 3a. Date of Last Report 04/01/1994**

**4. FEI Number 50-3114819 Applied For Not Applicable**

**5. Certificate of Status Desired  \$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees**

**7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No**

**2. Principal Place of Business**

**2a. Mailing Address**

**21 Suite, Apt. #, etc.**

**26 Suite, Apt. #, etc.**

**22 City & State**

**27 City & State**

**24 Zip**

**25 Country**

**29 Zip**

**30 Country**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KURTZ, EARL  
1200 DELTONA BLVD.  
SUITE 48  
DELTONA FL 32725**

**81 Name**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83**

**84 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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE D  
NAME KURTZ, LONA E.  
STREET ADDRESS 1932 SALEM CT.  
CITY - ST - ZIP DELTONA FL**

**1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP**

**TITLE D  
NAME MCCASLIN, ABBY P.  
STREET ADDRESS 3280 PHONECIA DR.  
CITY - ST - ZIP DELTONA FL**

**2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP**

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Earl Kurtz* Lona Kurtz**

**4-3-95 407-514-5978**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Item #