

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

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:01

DOCUMENT # **V68336** (9)

1. Corporation Name
DREAM COSMETICS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **110 DUNBAR AVE UNIT E OLDSMAR FL 34677**
Mailing Address: **110 DUNBAR AVE UNIT E OLDSMAR FL 34677**

3. Date Incorporated or Qualified: **09/29/1992**
3a. Date of Last Report: **06/01/1994**
4. FEI Number: **59-3144221**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election to Suspend Franchise Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country: **30**

9. Name and Address of Current Registered Agent
**ULMER, LINDA K
110 DUNBAR AVE
UNIT E
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent
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 based on printed name of registered agent and fee if applicable. (26-11) Registered Agent signature required when beneficial.

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	ULMER, FRANK R.
STREET ADDRESS	2898 COUNTRY WOODS LANE
CITY, ST, ZIP	PALM HARBOR FL
TITLE	DC
NAME	ULMER, SANDRA K.
STREET ADDRESS	2898 COUNTRY WOODS LANE
CITY, ST, ZIP	PALM HARBOR FL
TITLE	P
NAME	ROSHAK, CYNTHIA L
STREET ADDRESS	110 DUNBAR AVE. UNIT E
CITY, ST, ZIP	OLDSMAR FL 34677
TITLE	ST
NAME	ULMER, LINDA R
STREET ADDRESS	110 DUNBAR AVE., UNIT E
CITY, ST, ZIP	OLDSMAR FL 34677
TITLE	M
NAME	ROSHAK, MICHAEL J
STREET ADDRESS	110 DUNBAR AVE., UNIT E
CITY, ST, ZIP	OLDSMAR FL 34677
TITLE	M
NAME	ULMER, DANIEL R
STREET ADDRESS	110 DUNBAR AVE., UNIT E
CITY, ST, ZIP	OLDSMAR FL 34677

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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 119.071(9)(b), 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 my attachment with an address.

SIGNATURE: *Cynthia L. Roshak* Cynthia L. Roshak 02/24/95 (813)855-0688
SIGNATURE AND TYPED, PRINTED NAME OF SIGNING OFFICER OR DIRECTOR