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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V68336 (9)

1. Corporation Name
DREAM COSMETICS, INC.



Principal Place of Business 110 DUNBAR AVE UNIT E OLDSMAR FL 34877	Mailing Address 110 DUNBAR AVE UNIT E OLDSMAR FL 34677
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Route 612 E Suite, Apt. #, etc.		2a. Mailing Address 26 Route #1 Box 92A Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/29/1992	
22		27		4. FEI Number 59-3144221 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
23 City & State Verona VA		28 City & State Verona Virginia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 24482		29 Zip 24482		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country USA		30 Country USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCCORMICK, LINDA K
 110 DUNBAR AVE
 UNIT E
 OLDSMAR FL 34877**

10. Name and Address of New Registered Agent

81 Name Linda K. McCormick
82 Street Address (P.O. Box Number is Not Acceptable) 115 S. Hunting Lodge Drive
83
84 City Inverness FL 85 Zip Code 34453

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSHAK, CYNTHIA L	
STREET ADDRESS	110 DUNBAR AVE. UNIT E	
CITY-ST-ZIP	OLDSMAR FL 34877	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MCCORMICK, LINDA	
STREET ADDRESS	110 DUNBAR AVE., UNIT E	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	ROSHAK, MICHAEL J	
STREET ADDRESS	110 DUNBAR AVE., UNIT E	
CITY-ST-ZIP	OLDSMAR FL 34877	
TITLE	M	<input type="checkbox"/> DELETE
NAME	ULMER, DANIEL R	
STREET ADDRESS	110 DUNBAR AVE., UNIT E	
CITY-ST-ZIP	OLDSMAR FL 34877	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Rt 1 Box 92A
1.4 CITY-ST-ZIP	Verona, VA 24482
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	115 S. Hunting Lodge Drive
2.4 CITY-ST-ZIP	Inverness FL 34453
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Rt 1 Box 92A
3.4 CITY-ST-ZIP	Verona VA 24482
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Rt 1 Box 92A
4.4 CITY-ST-ZIP	Verona VA 24482
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: *Linda K McCormick* 4/8/98 (540)248-0986

CR2E034 (10/97)