

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 26 AM 9:16

Key 19



**1.** Name of Limited Partnership: **FLORIDA SALONS, LTD.**

**1a.** DOCUMENT #  
**A11676**

<b>2.</b> Mailing Address	<b>2a.</b> Principal Office Address
390 N. ORANGE AVE., SUITE 1200 ORLANDO FL 32801	390 N. ORANGE AVE., SUITE 1200 ORLANDO FL 32801
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3.</b> Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on records
12/15/1981	\$715,850.04
<b>3a.</b> Date of Last Report	<b>5b.</b> Amount of Capital Contributions in FICRMA to date.
12/23/1996	715,850.04
<b>4.</b> State or Country of Formation	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
FL	
<b>6.</b> FFI Number	<input type="checkbox"/> \$8.75 Additional Fee Required
59-2178955	
<b>7.</b> Certificate of Status Desired	<input type="checkbox"/>
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9. Name and Address of Current Registered Agent</b>	<b>10. If changed, new Registered Agent/Office</b>
BRYAN, NIKI 1800 IVANHOE BLVD ORLANDO FL 32804	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City, State, Zip Code FL

**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11.</b> Name(s) of General Partner(s)	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)	<b>11b.</b> City, State & Zip Code	<b>11c.</b> Registration Document Number
THE NIKI BRYAN CO., INC.	390 N ORANGE AVE #140	ORLANDO FL	694143

700002398187-4  
-01/13/98--01048--001  
\*\*\*\*541.25 \*\*\*\*541.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE 12-18-97

Typed or Printed Name of General Partner Signing Form: NIKI BRYAN Daytime Telephone Number: 407-370-9343

CR22003 (6/97)