



FILE ON OR BEFORE DECEMBER 31, 1999 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 29 AM 6:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
1. Name of Limited Partnership FLORIDA SALONS, LTD.		1a. DOCUMENT # A11676		3. Date Formed or Registered 15 12/13/81	
Mailing Address 7550 MUNICIPAL DR ORLANDO FL 32819		Principal Office Address 7550 MUNICIPAL DR ORLANDO FL 32819		5a. Capital Contributions as Shown on record 715,850.04 220,000.00	
2. Mailing Address 7688 MUNICIPAL DR Suite, Apt. #, etc.		2a. Principal Office Address 7688 MUNICIPAL DR Suite, Apt. #, etc.		3a. Date of Last Report [Blank]	
City & State		City & State		4. State or Country of Formation FL	
Zip		Zip		5b. Amount of Capital Contributions in FLORIDA to date 715,850.04	
City & State		City & State		6. FEI Number 59-2178955	
Zip		Zip		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Country		Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BRYAN, NIKI T 7550 MUNICIPAL DR ORLANDO FL 32819		10. If changed, new Registered Agent/Office	
Name		Name	
Street Address (P.O. Box Number Is Not Acceptable) 7688 MUNICIPAL DR		Street Address (P.O. Box Number Is Not Acceptable) 7688 MUNICIPAL DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City		City	
State		State	
Zip Code		Zip Code	

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.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
NIKI BRYAN COMPANIES, INC.	7688 MUNICIPAL DR.	ORLANDO, FL 32819	694143 694143
			500002832575--6 -04/07/99--01089--021 ****437.50 ****437.50
			500002832575--6 -04/07/99--01089--022 ****437.50 ****437.50

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 indicated 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 NIKI T BRYAN DATE 12-23-98

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