FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

L39075

SALON 230, INC.

(1)

OALON	EOO) HOO				
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	- I JOBELIBAL DEC LEVIO EBELL ABELL LOCAL DITA BIBLI CIL	MIL MIMIL BINIT BINIT NENST INNI
230 SOUTH BEACH STREET		116 MAMGNOLIA AVE.			
#102		DAYTONA BEACH FL 32	2114		
DAYTONA BEACH FL 32114 US			DO NOT WRITE IN THIS	S SPACE	
				 Date Incorporated or Qualified 12/29/1989 	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2989608	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 City 8 Cyata	······································		Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
	⊢		30	 This corporation owes or has paid the c Personal Property Tax due June 30. 	urrent year Intangible
24	9. Name and Address of Curren	t Registered Agent	1301	10. Name and Address of New Registered	
200			81 Name	ID. Italia and Addition	
DOYLE, GLENNA					
230 BEACH STREET, #102 DAYTONA BCH FL 32114			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
UA	TIONA BOTT PL 32114		83		
,			84 City	F	85 Zip Code
office or re	to the provisions of Sections 607,050. egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	authorized by the corporat	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
SIGNATURE .					
12,	Signature, typed or printed name of registered age OFFICERS AND		TE: Registered Agent signature require 13.	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12
TITLE	P OFFICERS AND	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME	DOYLE, GLENNA	<u></u>	1.2 NAME		
STREET ADDRESS	230 S. BEACH ST.#102		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		1.4 CITY - ST - ZIP		
TITLE	7	DELETE	2.1 TITLE		Change Addition
NAME :	MASON, TODD		2.2 NAME		
STREET ADDRESS	230 S. BEACH ST.#102		2 3 STREET ADDRESS		
1	DAYTONA BEACH FL				
CITY-ST-ZIP TITLE	8	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 1		Change Addition
NAME	DOYLE, MARGARET		3.2 NAME		
STREET ADDRESS	3606 S. PENINSULA, #212		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP		
TIFLE	· ···· · ··· ···· ····················	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		i
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME	3000024039 -01/16/98011170	33
STREET ADDRESS			5.3 STREET ADDRESS	-01/16/98011170	108 ·
				***150.00	
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-S1-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		₩ , I
OTHER PROPERTY			0.0 OTHER I MODIFICAD		1 1 1

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 trusted 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 in an attachment with an address.

1-1094

FILED

Jan 16 1998 8:00am

Secretary of State