

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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90032 023 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000005597

1. Corporation Name
SALON SYNERGY, INC.



Principal Place of Business
**5600 PGA BOULEVARD
 A202
 PALM BEACH GARDENS FL 33418
 US**

Mailing Address
**5600 PGA BOULEVARD
 A202
 PALM BEACH GARDENS FL 33418
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/17/1996

4. FEI Number
65-0632688

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEANY, ELYSE
 1069 SIENA OAKS CIRCLE EAST
 PALM BEACH GARDENS FL 33410**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEANY, ELYSE	1.2 NAME	
STREET ADDRESS	1069 SIENA OAKS CIRCLE EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, JANET	2.2 NAME	
STREET ADDRESS	12956 MARCELLA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL 33407	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORINO, ANTHONY	3.2 NAME	
STREET ADDRESS	2000 N. CONGRESS AVE., BLDG. K - #308	3.3 STREET ADDRESS	4752 Sheridan Street
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, JEAN	4.2 NAME	
STREET ADDRESS	2101 MAPLEWOOD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENACRES FL 33415	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Elyse Meany, President **CE WISE MEANY** 3-3-99 561 691 6868
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)