


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

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**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90240 023 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000026191**  
 1. Corporation Name  
**ATLANTIC SALON RESOURCES, INC.**



Principal Place of Business 2060 SW 71ST TERRACE.. STE E-11 DAVIE FL 33317	Mailing Address 41 MERCEDES WAY UNIT 34 EDGEWOOD NY 11717 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified <b>03/22/1996</b>	Applied For Not Applicable
4. FEI Number <b>65-0652180</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional -Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**SELTZER, STEPHEN ESQ.**  
**20492 LINKSVIEW WAY**  
**BOCA RATON FL 33434**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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**

TITLE	PT	<input type="checkbox"/> DELETE
NAME	HAGLER, ALAN	
STREET ADDRESS	111 CHERRY VALLEY AVENUE, APT 322	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FEINGOLD, EVAN	
STREET ADDRESS	45 CLUBSIDE DRIVE	
CITY-ST-ZIP	WOODMERE NY 11598	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAGLER, JEFFREY	
STREET ADDRESS	14 CLUBSIDE DRIVE	
CITY-ST-ZIP	WOODMERE NY 11598	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HAGLER, ALAN	
STREET ADDRESS	1312 HARBOR RD	
CITY-ST-ZIP	HEWLETT HARBOR NY 11557	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Feingold, Evan</b>
2.3 STREET ADDRESS	<b>1053 Links Road</b>
2.4 CITY-ST-ZIP	<b>Woodmere, NY 11598</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>59 Wilmington Drive</b>
3.3 STREET ADDRESS	<b>Melville, NY 11746</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: **(516) 242-3737**

CR2E034 (1/198)