

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000027506 (0)
 1. Corporation Name
SALON 1 OF RIVERPLACE, INC.



Principal Place of Business: 11111 STATE RD 13 SUITE 54 JACKSONVILLE FL 32257
 Mailing Address: 11111 STATE RD 13 SUITE 54 JACKSONVILLE FL 32223-7274

3. Date Incorporated or Qualified: 03/22/1996
 3a. Date of Last Report: [Blank]
 4. F.I.T. Number: 59-3369851 Applied For: Not Applicable
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
MCCALLUM, BRENDA P
11111 STATE RD 13
SUITE 54
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent
 81. Name [Blank]
 82. Street Address (P.O. Box Number is Not Acceptable) [Blank]
 83. [Blank]
 84. City [Blank] FL 85. Zip Code [Blank]

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 607.0504, Florida Statutes.

SIGNATURE: *Brenda P. McCallum* (typed name of registered agent and her agent, if applicable) *Brenda P. McCallum* (typed name of Registered Agent and her agent, if applicable) DATE: 4/1/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCALLUM, BRENDA P	
STREET ADDRESS	11111 STATE RD 13 SUITE 54	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCALLUM, ROBERT J	
STREET ADDRESS	11111 STATE RD 13 SUITE 54	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input 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 do 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.

SIGNATURE: *Brenda P. McCallum* (typed name of registered agent and her agent, if applicable) *Brenda P. McCallum* (typed name of Registered Agent and her agent, if applicable) DATE: 4/1/97 (904) 880-3211

CR2E034 (9/96)