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May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000063028 (0)

1. Corporation Name

MARK ALAN SALON INTERNATIONALE, INC.



DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------------------|--|---------------------|
| Principal Place of Business 3617 W WATERS AVE TAMPA FL 33614 US | | Mailing Address 11318 CLAYRIDGE DRIVE TAMPA FL 33635 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | | 30 | |
| 9. Name and Address of Current Registered Agent LEVENDOSKI, MARK A 11318 CLAYRIDGE DRIVE TAMPA FL 33635 | | | |
| 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| 83 | | | |
| 84 City | | | |
| 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 | 1.1 TITLE | ✓ |
| NAME | LEVENDOSKI, MARK A | 1.2 NAME | CHOUINARD, TERRA L. |
| STREET ADDRESS | 11318 CLAYRIDGE DRIVE | 1.3 STREET ADDRESS | 5216 KARLSBURG PL. |
| CITY-ST-ZIP | TAMPA FL 33635 | 1.4 CITY-ST-ZIP | Palm Harbor FL 34685 |
| TITLE | | 2.1 TITLE | S |
| NAME | | 2.2 NAME | LEVENDOSKI, MICHELLE D |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 11318 CLAYRIDGE DR. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | TAMPA, FL 33635 |
| TITLE | | 3.1 TITLE | T |
| NAME | | 3.2 NAME | CHOUINARD, GERARD O. |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 5216 KARLSBURG PL. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Palm Harbor, FL 34685 |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 secretary or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my firm is not a Block 12 or Block 13 if changed.

SIGNATURE _____ DATE 11/198 (11/198) 958-9002
MARK A. LEVENDOSKI
11/198 958-9002

CR2E034 (10/97)