FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **V72307** **(4)**

1. Corporation Name

JEREMY SALON, INC.

Principal Place of Business
359 MIRACLE MILE
SUITE 207
CORAL GABLES FL 33134
US

Mailing Address
2800 CHAPMAN RD
PLANO TX 75093

3. Date Incorporated or Qualified: 10/14/1992
3a. Date of Last Report: 10/23/1995

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 — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0378001 — 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

9. Name and Address of Current Registered Agent

~~TUNSTALL, STEVE~~
~~2701 SW LEJUNE RD~~
~~#410~~
~~CORAL GABLES FL 33134~~

Steve Tunstall
2701 SW LeJeune Rd
#410
Coral Gables, Fla.
33134

10. Name and Address of New Registered Agent

81 Name: Stephen E. Tunstall
82 Street Address (P.O. Box Number is Not Acceptable): 2701 S.W. LeJeune Rd #410
83
84 City: Coral Gables FL 85 Zip Code: 33134

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: Stephen E. Tunstall — 5/7/96
Signature, typed or printed name of registered agent and the date (if applicable) (NOTE: Registered Agent signature required when needed above) DATE

12. OFFICERS AND DIRECTORS

TITLE	DVP	☐ DELETE
NAME	BLACKWELL, TOM	
STREET ADDRESS	8215 WESTCHESTER, #207	
CITY-ST-ZIP	DALLAS TX	
TITLE	DP	☐ DELETE
NAME	MARIAGE, JEREMY	
STREET ADDRESS	1101 88TH ST.	
CITY-ST-ZIP	SURFSIDE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DVP	☒ Change ☐ Addition
1.2 NAME	Blackwell, Tom	
1.3 STREET ADDRESS	2800 Chapman Rd.	
1.4 CITY-ST-ZIP	Plano TX 75093	
2.1 TITLE	DP	☒ Change ☐ Addition
2.2 NAME	Mariage Jeremy	
2.3 STREET ADDRESS	9271 Flicker Pl.	
2.4 CITY-ST-ZIP	LA CA 90069	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Tom Blackwell — 4-15-96 — 214-403-7751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #