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Apr 03 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 # P96000005597 (5)

1. Corporation Name  
SALON SYNERGY, INC.



Principal Place of Business  
1069 SIENA OAKS CIRCLE EAST  
PALM BEACH GARDENS FL 33410

Mailing Address  
1069 SIENA OAKS CIRCLE EAST  
PALM BEACH GARDENS FL 33410-5134

3. Date Incorporated or Qualified 01/17/1996  
3a. Date of Last Report

2. Principal Place of Business  
21 5600 PGA Boulevard

2a. Mailing Address  
26 5600 PGA Boulevard

4. FEI Number 65-0632688  
Applied For Not Applicable

Suite, Apt. #, etc.  
22 A 202

Suite, Apt. #, etc.  
27 A 202

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

City & State  
23 Palm Beach Gardens, FL

City & State  
28 Palm Beach Gardens, FL

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

Zip Country  
24 33418 25 USA

Zip Country  
29 33418 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARKDULL, JAYNE R  
1400 CENTREPARK BLVD.  
SUITE 1400  
WEST PALM BEACH FL 33401

81 Name Elyse Meany  
82 Street Address (P.O. Box Number Is Not Acceptable) 1069 Siena Oaks Circle East  
83  
84 City Palm Beach Gardens FL 85 Zip Code 33410

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 Elyse M. Meany ELYSE N. MEANY, PRESIDENT 3-31-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MEANY, ELYSE 1069 SIENA OAKS CIRCLE EAST PALM BEACH GARDENS FL 33410	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GODFREY, JANET 12956 MARCELLA BLVD. LOXAHATCHEE FL 33407	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BORINO, ANTHONY 2000 N. CONGRESS AVE., BLDG. K - #308 WEST PALM BEACH FL 33401	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISHER, JEAN 2101 MAPLEWOOD DR. GREENACRES FL 33415	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Elyse M. Meany ELYSE N. MEANY, PRESIDENT 3-18-97 561-691-6868  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)