

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **626131** (7)  
1. Corporation Name  
**SALON SERVICES GROUP, INC.**

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 13 AM 10:08

Principal Place of Business: **2026 CHIPPEWA TR  
MAITLAND FL 32751**  
Mailing Address: **2026 CHIPPEWA TR  
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/15/1979** 3a. Date of Last Report: **01/27/1994**  
4. FEI Number: **59-1923720** 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: **400 W. FAIRBANKS AV.** 2a. Mailing Address:   
21 Suite, Apt. #, etc.: **SUITE A** 26 Suite, Apt. #, etc.:   
22 City & State: **WINTER PARK, FL.** 27 City & State:   
23 Zip: **32789** 28 Country: **USA** 29 Zip: 30 Country:

9. Name and Address of Current Registered Agent: **MCDAD, JOHN A.  
2026 CHIPPEWA TR  
MAITLAND FL 32751**  
10. Name and Address of New Registered Agent:   
81 Name:   
82 Street Address (P.O. Box Number is Not Acceptable):   
83   
84 City: **FL** 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: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	NAME: <b>MCDAD, JOHN A</b>	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>2026 CHIPPEWA TRAIL</b>	CITY, ST, ZIP: <b>MAITLAND FL</b>	1.2 NAME:	
		1.3 STREET ADDRESS:	
		1.4 CITY, ST, ZIP:	
TITLE: <b>STD</b>	NAME: <b>MCDAD, POLLY S</b>	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>2026 CHIPPEWA TRAIL</b>	CITY, ST, ZIP: <b>MAITLAND FL</b>	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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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, changed, or on an attachment with an arduum.

SIGNATURE: *John McAd* 1-6-95 407-629-9222  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR: **JOHN MCDAD**