

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **400 W FAIRBANKS AV SUITE A WINTER PARK FL 32789 US**
Mailing Address: **2026 CHIPPEWA TR MAITLAND FL 32751**

3. Date Incorporated or Qualified: **06/15/1979**
3a. Date of Last Report: **01/13/1995**
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: **450 BELOIT AVE.**
2a. Mailing Address: **450 BELOIT AVE.**
21. Suite, Apt. #, etc.:
22. City & State: **WINTER PARK, FLORIDA**
23. City & State: **WINTER PARK, FLORIDA**
24. Zip: **32789** Country: **USA**
25. Zip: **32789** Country: **USA**

9. Name and Address of Current Registered Agent
**MCDADE, 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): **450 BELOIT AV.**
83.
84. City: **WINTER PARK** FL 85. Zip Code: **32789**

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1-17-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCDADE, JOHN A	
STREET ADDRESS	2026 CHIPPEWA TRAIL	
CITY-ST-ZIP	MAITLAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MCDADE, POLLY S	
STREET ADDRESS	2026 CHIPPEWA TRAIL	
CITY-ST-ZIP	MAITLAND FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCDADE, JOHN A.	
1.3 STREET ADDRESS	450 BELOIT AV.	
1.4 CITY-ST-ZIP	WINTER PARK, FL. 32789	
2.1 TITLE	S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCDADE, POLLY S.	
2.3 STREET ADDRESS	450 BELOIT AV.	
2.4 CITY-ST-ZIP	WINTER PARK FL. 32789	
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 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: *[Signature]* **JOHN MCDADE PRES. 1-17-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)