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FILED

Feb 18 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 # F94000000963 (8)

1. Corporation Name  
PREMIER SALONS INTERNATIONAL, INC.



Principal Place of Business

6800 FRANCE AVE  
SUITE 300  
EDINA MN 55435

Mailing Address

6800 FRANCE AVE  
SUITE 300  
EDINA MN 55435-2005

3. Date Incorporated or Qualified

02/25/1994

3a. Date of Last Report

06/19/1996

4. FEI Number

41-1765807

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE  
NAME LUBORSKY, BRIAN A  
STREET ADDRESS 6800 FRANCE AVE  
CITY-ST-ZIP EDINA MN 55435

TITLE V ☒ DELETE  
NAME SIMONS, MICHAEL L  
STREET ADDRESS 6800 FRANCE AVE  
CITY-ST-ZIP EDINA MN 55435

TITLE V ☒ DELETE  
NAME MARANTO, FRANK  
STREET ADDRESS 6800 FRANCE AVE  
CITY-ST-ZIP EDINA MN 55435

TITLE V ☐ DELETE  
NAME OLSON, HOWARD  
STREET ADDRESS 6800 FRANCE AVE  
CITY-ST-ZIP EDINA MN 55435

TITLE V ☐ DELETE  
NAME SANDERS, ROBERT E  
STREET ADDRESS 6800 FRANCE AVE  
CITY-ST-ZIP EDINA MN 55435

TITLE V ☐ DELETE  
NAME BRUER, KRISTINE L  
STREET ADDRESS 6800 FRANCE AVE  
CITY-ST-ZIP EDINA MN 55435

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME Loughrey, Anne  
2.3 STREET ADDRESS 6800 France Ave  
2.4 CITY-ST-ZIP Edina MN 55435

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

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:

Signature and typed or printed name of signing officer or director

2-5-97

Date

612-924-7206

Daytime Phone #

CR2E034 (9/96)