

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90152 050 ***150.00

DOCUMENT # F94000000963

1. Corporation Name

PREMIER SALONS INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

6800 FRANCE AVE
SUITE 300
EDINA MN 55435

Mailing Address

6800 FRANCE AVE
SUITE 300
EDINA MN 55435

3. Date Incorporated or Qualified

02/25/1994

4. FEI Number

41-1765807

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 3780 14th AVE, #
Suite, Apt. #, etc.
22 # 106

2a. Mailing Address

26 3780 14th AVE
Suite, Apt. #, etc.
27 # 106

City & State

23 MARKHAM, ONTARIO

City & State

28 MARKHAM, ONTARIO

Zip

Country

24 L3R 9Y3 25 CANADA

Zip

Country

29 L3R 9Y3 30 CANADA

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS D ☐ DELETE

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

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

3780 14th AVE, #106

1.4 CITY-ST-ZIP

MARKHAM, ONT L3R 9Y3

TITLE V ☒ DELETE

NAME LOUGHREY, ANNE
STREET ADDRESS 6800 FRANCE AVE
CITY-ST-ZIP EDINA MN

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE V ☐ DELETE

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

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

5421 FELT ROAD,
MENNETONKA, MN 55343

3.4 CITY-ST-ZIP

TITLE V ☒ DELETE

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

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE V ☐ DELETE

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

5.1 TITLE

☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5421 FELT ROAD
MENNETONKA, MN 55343

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

GLENN FAGAN
3780 14th AVE, #106
MARKHAM, ONT L3R 9Y3

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)