

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
SEP 28 PM 4:20

DOCUMENT # G59100 (9)

1. Corporation Name

THE MAYFAIR SALON, INC.

Principal Place of Business

6133B LAKE WORTH RD
LAKE WORTH FL 33463
US

Mailing Address

% HARRY L. DAHL
1001 SUMMIT BLVD.
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/12/1983

3a. Date of Last Report

04/15/1994

4. FEI Number

59-2331261

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

9. Name and Address of Current Registered Agent

DAHL, HARRY L.
1001 SUMMIT BLVD.
W. PALM BEACH FL 33405

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 as required by 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 understand the obligations of Section 607.0505, Florida Statutes.

Signature of

12. OFFICERS AND DIRECTORS

NAME
STREET ADDRESS
CITY, STATE, ZIP
NAME
STREET ADDRESS
CITY, STATE, ZIP
NAME
STREET ADDRESS
CITY, STATE, ZIP
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STREET ADDRESS
CITY, STATE, ZIP
NAME
STREET ADDRESS
CITY, STATE, ZIP

PD
DAHL, MARY C.
1001 SUMMIT BLVD.
WEST PALM BEACH FL

STD
DAHL, HARRY L.
1001 SUMMIT BLVD.
WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 NAME
2 NAME
3 STREET ADDRESS
4 CITY, STATE, ZIP
5 NAME
6 NAME
7 STREET ADDRESS
8 CITY, STATE, ZIP
9 NAME
10 NAME
11 STREET ADDRESS
12 CITY, STATE, ZIP
13 NAME
14 NAME
15 STREET ADDRESS
16 CITY, STATE, ZIP
17 NAME
18 NAME
19 STREET ADDRESS
20 CITY, STATE, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harry L. Dahl sec/treas

HARRY L. DAHL

3/25/95 407-939-1999