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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

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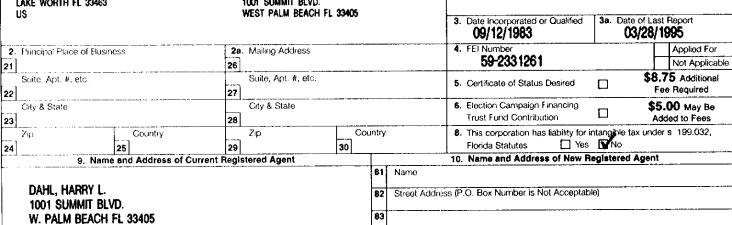
THE MAYFAIR SALON, INC.

**DOCUMENT #** 

Principal Place of Business	Mailing Addre

6133B LAKE WORTH RD LAKE WORTH FL 33463

% HARRY L. DAHL 1001 SUMMIT BLVD.



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.

84 City

SIGNATURE	Sky ature, types or printed have of regulared agent and title if app	icable (NOTI	E: Registered Agent signature required wh	hen reinstating)	DATE		
12.	OFFICERS AND DIRECTORS				INS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TI'LF	PD	DELETE	1 1 TITLE		☐ Change	☐ Addition	
NAME	DAHL, MARY C.		1 2 NAME				
STHEET ADDRESS	1001 SUMMIT BLVD.		1.3 STREET ADDRESS				
CHTY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP				
TIT_F	STD	DELÉTE	2 1 TITLE	<del></del>	Change	Addition	
NAME	Dahl, Harry L.		2 2 NAME				
STREET ADDRESS	1001 SUMMIT BLVD.		2 3 STREET ADDRESS				
CITY - ST - ZIP	WEST PALM BEACH FL		2 4 CITY - ST - ZIP				
TILLE		DELETE	3 1 TITLE		Change	Addition	
NAME			3 2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CHY ST-7P			34 CITY-ST-ZIP				
T.TCF		DELETE	4 1 THILE		☐ Change	☐ Addition	
NAME			4 2 NAME				
STHEET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIF			4 4 CITY - ST - ZIP				
TITLE		☐ DELETE	5 1 TITLE		Change	☐ Addition	
NAME			5.2 NAME				
SIRELL ADDRESS			5 3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY-ST-ZIP				
THE		☐ DELETE	6 1 THTLE		Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			63 STREET ADDRESS				
C-TY - S1 - 7-P			64 CHY-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 cath; 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, open in attachment with an oddress.

SIGNATURE:

SULTRON HARRY L. DAHL 2/3/96 407-585-8

CR2E034 (12/95)

Zip Code

85