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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J05375** **(7)**

1. Corporation Name

SOUTHEAST SALON MANAGEMENT, INC.

Principal Place of Business	Mailing Address
665 SE 10TH STREET. #100 DEERFIELD BEACH FL 33441	665 SE 10TH STREET. #100 DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: 03/21/1986
3a. Date of Last Report: 06/22/1995

4. FEI Number: 59-2690841 ☐ 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	2a. Mailing Address
21 1300 E. HILLSBORO BLVD.	26 1300 E. HILLSBORO BLVD.
Suite, Apt. #, etc. 22 STE. 104B	Suite, Apt. #, etc. 27 STE. 104B
City & State 23 DEERFIELD BEACH, FLA.	City & State 28 DEERFIELD BEACH, FLA.
Zip 24 33441 Country 25 U.S.A.	Zip 29 33441 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

ROBERTS, CAROL
4211 NE 27TH AVE
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name: ROBERTS, CAROL
82 Street Address (P.O. Box Number is Not Acceptable): 1300 E. HILLSBORO BLVD.
83 SUITE 104B
84 City: DEERFIELD BEACH FL 85 Zip Code: 33441

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing status)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBERTS, CAROL 4211 NE 27TH AVE LIGHTHOUSE POINT FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD ROBERTS, CAROL 1300 E. HILLSBORO BLVD, STE. 104B DEERFIELD BEACH, FLA. 33441	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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: _____ 3/22/96 ✓ 954-418-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)