

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L69943** (3)

1. Corporation Name

SALON SALON OF ORLANDO, INC.



Principal Place of Business

**8578 PALM PKWY
ORLANDO FL 32836-6432**

Mailing Address

**8578 PALM PKWY
ORLANDO FL 32836-6432**

3. Date Incorporated or Qualified

05/01/1990

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 **12135 Apopka Vineland Rd.**

26 **12135 Apopka Vineland Rd. 59-2757178**

Applied For

Not Applicable

22 City & State

23 **Orlando, FL**

27 City & State

28 **Orlando, FL**

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

**CARUSO, FRANCIS R.
8578 PALM PKWY
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12135 Apopka Vineland Rd.

83

84 City

Orlando

FL

85 Zip Code

32836

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's Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPV CARUSO, FRANCIS R.**
STREET ADDRESS **8578 PALM PKWY**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **ST CARUSO, FRANCIS R.**
STREET ADDRESS **8578 PALM PKWY**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **12135 Apopka Vineland Rd.**
1.4 CITY-ST-ZIP **Orlando, FL 32836**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **12135 Apopka Vineland Rd.**
2.4 CITY-ST-ZIP **Orlando, FL 32836**

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 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 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:

Francis R. Caruso (FRANCIS R. CARUSO)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-96
Date

407 239 8866
Daytime Phone #

CR2E034 (12/95)