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

May 18 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # M74183 (8) SALON VIENNA INC. Principal Place of Business Maiting Address % JOHN RAUCHEGGER **% JOHN RAUCHEGGER** 1235 G PROVIDENCE BLVD. 1235 G PROVIDENCE BLVD. DO NOT WRITE IN THIS SPACE DELTONA FL 32725 **DELTONA FL 32725** 3. Date Incorporated or Qualified 03/03/1988 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 59-2887899 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 ☐ Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RAUCHEGGER, JOHN 1235 G PROVIDENCE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) DELTONA FL 32725 83 12356 84 85 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. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE NAME RAUCHEGGER, EMMY Rauchegyer 1.2 NAME 1235 G PROVIDENCE BLVD STREET ADDRESS 1.3 STREET ADDRESS DELTONA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 2.1 11115 Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City-ST-ZIP DELETE TITLE 3.1 THEE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHY+S1+ZIP TITLE DELETE Change 5.1 TITLE ☐ Add:tion NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 4. Thereby 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 trusted 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.