

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M88968** (6)

1. Corporation Name

DAN'S FIFTH AVENUE SALONS, INCORPORATED



Principal Place of Business

Mailing Address

**C/O DANIEL K. FORTON
139 5TH AVE
INDIALANTIC FL 32903**

**C/O DANIEL K. FORTON
139 5TH AVE
INDIALANTIC FL 32903**

3. Date Incorporated or Qualified
06/30/1988

3a. Date of Last Report
07/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country
24 25

28 Zip Country
29 30

4. FEI Number

59-2896592

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

10. Name and Address of New Registered Agent

**FORTON, DANIEL K.
2840 PINE BRANCH DR
MELBOURNE FL 32940**

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 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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
FORTON, DANIEL K.
2840 PINE BRANCH DR
MELBOURNE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
WATERS, WILLIAM J.
2840 PINE BRANCH DR.
MELBOURNE FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1 1 TITLE ☐ Change ☐ Addition

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY-ST-ZIP

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:

Daniel K. Forton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel K. Forton Pres. **2/25/96** **407-7255049**
Date Daytime Phone

CR2E034 (12/95)