

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

FILED

Feb 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000010846 (2)**

1. Corporation Name

**TREND SETTERS SALON, INC.**

Principal Place of Business

Mailing Address

**8485 S. HWY. 17-92  
FERN PARK FL 32730  
US**

**8485 S. HWY. 17-92  
FERN PARK FL 32730-2834  
US**



<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		<b>3. Date Incorporated or Qualified</b> <b>02/04/1993</b>	<b>3a. Date of Last Report</b> <b>01/29/1996</b>
<b>4. FEI Number</b> <b>59-3162087</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

~~SALERNO, MAZIE~~  
~~8485 SOUTH HIGHWAY 17-92~~  
~~FERN PARK FL 32730~~

**81 Name** **JAMES R. PALMER**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**1900 SUMMIT TOWER**  
**83 SUITE 760**  
**84 City** **ORLANDO** **FL** **85 Zip Code** **32810**

**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]*  
Signature, typed or printed name of registered agent and title if applicable.

**JAMES R. PALMER**

(NOTE: Registered Agent signature required when reinstating)

**1/14/97**

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <del>DELETE</del>	1.1 TITLE	PRESIDENT, SECRETARY, DIRECTOR Change <input checked="" type="checkbox"/> Addition
NAME	SALERNO, MAZIE	1.2 NAME	LISA PALMER
STREET ADDRESS	3861 N LAKE ORLANDO PKWY.	1.3 STREET ADDRESS	2201 PENINSULAR COURT
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	LUNGWOOD, FLA 32779
TITLE	D <del>DELETE</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALERNO, RUSSELL	2.2 NAME	
STREET ADDRESS	3861 N. LAKE ORLANDO PKWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14. I do hereby 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 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LISA PALMER, PRES** **1/14/97** **407-831-4247**  
Date Daytime Phone #

CR2E034 (9/96)