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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

| DOCUMENT # P94000012674 (5) DAVID TRACY SALONS, INC. Principal Place of Business Nating Activess 25 DUNANTICA AVENUE PORT GRANGE R. 20127 26 DUNANTICA AVENUE PORT GRANGE R. 20127 27 DUNANTICA AVENUE PORT GRANGE R. 20127 28 DUNANTICA AVENUE PORT GRANGE R. 20127 29 DUNANTICA AVENUE PORT GRANGE R. 20127 20 DUNANTICA AVENUE PORT GRANGE R. 20127 30 DUNANTICA AVENUE PORT GRANGE R. 20127 31 DUNANTICA AVENUE PORT GRANGE R. 20127 32 DUNANTICA AVENUE PORT GRANGE R. 20127 33 GRANGE AVENUE PORT GRANGE R. 20127 34 DUNANTICA AVENUE PORT GRANGE R. 20127 35 DUNANTICA AVENUE PORT GRANGE R. 20127 35 DUNANTICA AVE | • | 1996 DIVISION OF CORPORATIONS | | | | | | | | |
|--|-------------------|--|--------------------------------------|---------------------|--------------|----------------------------------|--|----------------------|----------------------------|--|
| Principal Place of Business Mailing Address 20 DUNLAYTON MEMUE PORT CHANGE R. 29127 20 DUNLAYTON MEMUE PORT CHANGE R. 29127 2. Parcipal Place of Business 2. Mailing Address 2. Mailing Address 2. Parcipal Place of Business 2. Mailing Address 2. Parcipal Place of Business 2. Mailing Address 2. Parcipal Place of Business 3. | | MENT # P9 | 4000012674 | l (5) | | | | | | |
| Principal Place of Business | · · | | C. | | | | | | | |
| 29 DUMANTON AVENUE PORT ORANGE FL 32127 29 DUMANTON AVENUE PORT ORANGE FL 32127 20 DUMANTON AVENUE PORT ORANGE FL 32127 20 DUMANTON AVENUE PORT ORANGE FL 32127 20 DUMANTON AVENUE PORT ORANGE FL 32127 21 DUMANTON AVENUE PORT ORANGE FL 32127 22 DUMANTON AVENUE PORT ORANGE FL 32127 25 DUMANTON AVENUE PORT ORANGE FL 32127 26 DUMANTON AVENUE PORT ORANGE FL 32127 27 DUMANTON AVENUE PORT ORANGE FL 32127 28 DUMANTON AVENUE PORT ORANGE FL 32127 29 DUMANTON AVENUE PORT ORANGE FL 32127 20 DUMANTON AVENUE PORT ORANGE FL 321 | 57111 | - 111/101 0/101/0, III | • | | | | | | | |
| PORT ORANGE FL 20127 PORT ORANGE FL 20127 2. Principal Pace of Business 2. Principal Pace of B | Principal Place | of Business | Mailing Address | | | | | | | |
| PORT ORANGE FL 20127 PORT ORANGE FL 20127 2. Principal Pace of Business 2. Principal Pace of B | 209 DUNI / | AWTON AVENUE | 209 DUNI AWI | • | | | | | | |
| Principal Place of Business 28. Malling Address 28. Suite 29. Suite | | | | | | | | | | |
| 2. Principal Prices of Business 2. Misling Address 59-92/0992 | | | | | | | • | 3a. Da | | • |
| SURIO, April P. etc. Surio, April P. etc. | A. D. S. Sant Die | a a constant and a co | | | | | | | 05/01/ | , |
| Sale, April 8, etc. Superior | | ace of Business | F | S | | | | | - | |
| Pee Required Pee Pee Required | | #, etc. | | to. | | | | | \$8.7 | |
| 28 | | | | | | | | ليا | Fee | Required |
| Zp | | 1 | <u> </u> | | | | , - | | | • |
| 28 | | Country | | Cour | itry | | | | | |
| WHALEN, DAVID R 209 DUNILAWTON AVENUE PORT ORANGE FL 32127 83 84 Caty FL 85 Zep Code 11. Fursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing as registered origin, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing as registered originary and provided print of the purpose of changing as registered originary and provided print or the state of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing as registered originary and printing and the state of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing as registered originary and printing and the purpose of changing as registered originary and printing an | 24 | | | 30 | | | Florida Statutes Yes | □ No | | |
| WHALEN, DAVID R 209 DUNLAWTON AYENUE PORT ORANGE FL 32127 4 Cay FL 85 Zp Code 5 Zp C | | 9. Name and Address of C | Current Registered Agent | | 04 | None | 10. Name and Address of New R | egistered | Agent | |
| 209 DUNIAWTON AYENUE PORT ORANGE FL 32127 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 people the policylations of, Scientific R07.0505, Florida Statutes, and authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and people the purpose of changing its registered directors. I hereby accept the appointment as registered agent. I am familiar with, and people agent as a second of directors. I hereby accept the appointment as registered agent. I am familiar with, and people agent. I am familiar with a separate agent of the purpose of changing its registered agent. I am familiar with a separate agent or both familiar with a separate agent. I am familiar with a separate agent of the purpose of changing its registered agent. I am familiar with a separate agent of the purpose of changing its registered agent. I am familiar with a separate agent of the purpose of changing its registered agent. I am familiar with a separate agent of the purpose of changing its registered agent. I am familiar with a separate agent of the purpose of changing its registered agent. I am familiar with a separate agent of the purpose of changing its registered agent. I am familiar with a separate agent of the purpose of changing its registered agent. I am familiar with a separate agent of the purpose of changing its registered agent. I am familiar with a separate agent of the purpose of changing its registered agent. I am familiar with a separate agent of the purpose of changing its registered agent. I am | MANUAL | CAL DAME D | | | | | | | | ·-··· |
| PORT ORANGE FL 32127 | | | | | 82 | Street Addre | ss (P.O. Box Number is Not Acceptab | le) | | |
| B4 City | | | | | 83 | | | - | | |
| 1. 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 pm familiar with, not except the problemant as registered agent. I pm familiar with, not except the problemant as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar with not except the appointment as registered agent. I pm familiar has a possible agent. I pm familiar has a possible agent. I pm familiar has a purple agent. I pm familiar has a possible agent. I pm familiar has a purple agent. I pm familiar has a possible agent. I pm familiar has a purple ag | | | | | B4 | City | | | 85 7 | Zin Code |
| or registered agent, for both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and zegost the policipations of Section 607 Google of Section 607 Google of Provides Section 607 Google of Provide | | | | | | • | | | _ | • |
| SIGNATURE Signate System common of important depart and the rupe clable P | or register | ad agent, or both, in the State c | nt Florida. Such change was au | ithorized by the co | re∙n orpo | named corpora pration's board | ition submits this statement for the pur d of directors. I hereby accept the appo | pose of chointment a | nanging its s registere | registered office ad agent. I am |
| 12. | familiar wit | h, and accept the obligations of | f, Section 607.0505, Florida St | atutes. | | | | _ | | * |
| 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE | SIGNATURE _ | Signaturo, typod or printed name of register | ed agent and title if applicable. | (NOTE: Registered A | ageni | t signature required | when reinstating) | DATE | 174 | <u></u> |
| NAME SCHWARTZ, TRACY 12 MAME 13 STREET ADDRESS 623 FOREST TROLL DRIVE 13 STREET ADDRESS 623 FOREST TROLL DRIVE 14 STD 14 CPT ST. ZP 27 TITLE | | | | 13. | | | | | | |
| STREET ADDRESS FOREST TROLL DRIVE 13 STREET ADDRESS 14 CITY-S1-ZIP | | • | L_I DELETI | | | | | | Change | Addition |
| NAME STO DELETE 14 CITY-S1-ZP | | | DDIVE: | ľ | | ADDDECC | | | | |
| THE STD | | | | į. | | | | | | |
| NAME WHALEN, DAVID R 425 DESOTO DRIVE 23 STREET ADDRESS 24 CITY-ST-ZIP | | | | | | 1 - ZIP | | | [] Change | Addition |
| STREET ADDRESS 425 DESOTO DRIVE NEW SMYRNA BEACH FL 32169 24 CITY-ST-ZIP | NAME | | | 2.2 NA | ME | | | | | |
| TITLE | STREET ADDRESS | 425 DESOTO DRIVE | | 2 3 STF | EET | ADDRESS | | | | |
| NAME | | NEW SMYRNA BEAC | | | | T - ZIP | | - | | |
| 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE Change Addition Additi | | | ☐ DELETI | | | | | | ∐ Uhange | Addition |
| DELETE 3.4 DITY-ST-ZIP Change Addition DELETE 4.1 TILLE Change Addition | | | | | | Annesse | | | | |
| TITLE | | | | | | | | | | |
| STREET ADDRESS 43 STREET ADDRESS 44 CITY-ST-ZIP | | | ☐ DELETI | | - | | | | ☐ Change | Addition |
| A CITY-ST-ZIP | NAME | | | 4.2 NAI | ΜE | | | | | |
| TITLE | STREET ADDRESS | | | 4 3 STF | EET | ADDRES\$ | | | | |
| STREET ADDRESS S.2 NAME S.3 STREET ADDRESS S.4 CITY-ST-ZIP S.4 CITY-ST-ZIP S.4 CITY-ST-ZIP S.2 NAME STREET ADDRESS S.3 STREET ADDRESS S. | | | F) progra | | | T - Z1P | | | Ch | |
| STREET ADDRESS | | | | | | | | | ∟ unange | ☐ Addition |
| CHY-ST-ZIP 54 CHY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 6 4 CHY-ST-ZIP | | | | | | ADDRESS | | | | |
| TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY-ST-ZIP 6.4 CHY-ST-ZIP | | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | | DELETI | | | | | | Change | Addition |
| CHY-SI-ZIP 64 CHY-SI-ZIP | NAME | | | 6 2 NA | νÆ | | | | | |
| | | | | | | - 1 | | | | |
| | | v certify that the information sur | oplied with this filing is voluntari | | | | r the exemption stated in Section 119 | 07(3)(k) F | orida Stati | utes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 (904) 427-3283