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 # P94000084998 (1)

1. Corporation Name
SALON UNITY, INCORPORATED

Principal Place of Business
~~10020 S. FEDERAL HIGHWAY~~
PORT ST. LUCIE FL 34952

Mailing Address
P O BOX 7817
PORT ST. LUCIE FL 34985
US

3. Date Incorporated or Qualified: 11/22/1994
3a. Date of Last Report: 04/28/1995
4. FEI Number: 65-0544588 ☐ 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

2. Principal Place of Business
21 10630 S. Federal Hwy
Suite, Apt. #, etc
22
City & State
23 Port St Lucie Fl
Zip
24 34952
Country
25 St Lucie

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

SIMMONS, EVETT L
~~10020 S. FEDERAL HIGHWAY~~
PORT ST. LUCIE FL ~~34952~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Suite 200, 145 N.W. Central Park Plaza
83
84 City Port St Lucie **FL** 85 Zip Code 34986

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D/P	☐ DELETE
NAME	SATCHELL, EUTELYN	
STREET ADDRESS	1073 S.W. SARTO LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	D/S,T	☐ DELETE
NAME	SIMMONS, EVETT L	
STREET ADDRESS	2061 S.E. ERWIN ROAD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
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

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		

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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: Evett L Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Evett L. Simmons

3/18/96 Date
(407) 340-7781 Daytime Phone #