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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000032665 (8)**

1. Corporation Name
SALON CENTRAL, INC.

Principal Place of Business	Mailing Address
2760 KISSIMME BAY CIRCLE KISSIMMEE FL 34744	2760 KISSIMME BAY CIRCLE KISSIMMEE FL 34744-3947

2. Principal Place of Business	2a. Mailing Address
21	26 1737 ST. TROPEZ CT.
Suite, Apt. #, etc. 22 415 W. OAK ST.	Suite, Apt. #, etc. 27
City & State 23 KISSIMMEE, FL	City & State 28 KISSIMMEE, FL
Zip 24 34741 Country 25 USA	Zip 29 34744 Country 30 USA

3. Date Incorporated or Qualified: 04/26/1995
3a. Date of Last Report: 07/02/1996
4. FEI Number: 59-3316985 ☐ 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
ARVANT, JANICE M 2760 KISSIMME BAY CIRCLE KISSIMMEE FL 34744	81 Name: ARVANT, JANICE M 82 Street Address (P.O. Box Number is Not Acceptable): 1737 ST TROPEZ CT. 83 84 City: KISSIMMEE FL 85 Zip Code: 34744

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: Janice Arvant 4/25/97
Signature, typed 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	PVST ☐ DELETE	1.1 TITLE	PVST ☑ Change ☐ Addition
NAME	ARVANT, JANICE M	1.2 NAME	ARVANT, JANICE M
STREET ADDRESS	2760 KISSIMME BAY CIRCLE	1.3 STREET ADDRESS	1737 ST. TROPEZ CT.
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 mation 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 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 ears in Block 12 or Block 13 if changed, or on an attachment with an address.

[illegible] 4/25/97 407 847 9855