

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90080 005 \*\*\*150.00

DOCUMENT # P95000051075

1. Corporation Name DETAILS A-SALON, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2224 BLOOMINGDALE AVENUE VALRICO FL 33594 Mailing Address C/O WALTER SANDERS 13910 N DALE MABRY #1 TAMPA FL 33618

3. Date Incorporated or Qualified 06/27/1995 4. FEI Number 59-3325124 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 2a. Mailing Address 26 Suite, Apt #, etc. 22 27 City & State 23 28 Zip 24 25 Country 29 30

9. Name and Address of Current Registered Agent SANDERS, WALTER 13910 NORTH DALE MABRY HWY. SUITE ONE TAMPA FL 33618

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: Walter Sanders, Walter Sanders DATE: 2/22/99

12. OFFICERS AND DIRECTORS D COMBS, DAVID 3611 WOODHILL DRIVE BRANDON FL 33511

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE V. President 1.2 NAME Philip C. Combs 1.3 STREET ADDRESS 1008 Kenlake Dr. 1.4 CITY-ST-ZIP Riverview FL 33561 2.1 TITLE Andrew Perdicou 2.2 NAME 2.3 STREET ADDRESS 3611 Woodhill Dr. 2.4 CITY-ST-ZIP Brandon FL 33511

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.17(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, with all other like empowerments.

SIGNATURE: DATE: 4/15/99 DAYTIME PHONE: 813-684-4001

CR2E034 (1/198)