

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

DOCUMENT # 05000087898

1. Corporation Name

Independent Salon Resource, Inc.

Principal Place of Business Mailing Address  
6728 Edgewater Commerce Parkway  
Orlando, Florida 32810

RECEIVED  
JUN 30 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/14/95	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0625650	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				X \$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	

9. Name and Address of Current Registered Agent

Douglas J. Von Allmen  
#9 Isla Bahia  
Fort Lauderdale, Florida 33316

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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	Chairman	1.1 TITLE	
NAME	Douglas J. Von Allmen	1.2 NAME	
STREET ADDRESS	#9 Isla Bahia	1.3 STREET ADDRESS	400002921514--8
CITY-ST-ZIP	Fort Lauderdale, Florida 33316	1.4 CITY-ST-ZIP	-07/01/99--01097--009
TITLE	President	2.1 TITLE	****558.75 ****558.75
NAME	Scott Massad	2.2 NAME	
STREET ADDRESS	6728 Edgewater Commerce Parkway	2.3 STREET ADDRESS	400002921514--8
CITY-ST-ZIP	Orlando, Florida 32810	2.4 CITY-ST-ZIP	-07/01/99--01097--010
TITLE	Vice-President	3.1 TITLE	*****8.75 *****8.75
NAME	Bruce Olson	3.2 NAME	
STREET ADDRESS	1611 Des Peres Road, Suite 395	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Louis, MO 63131	3.4 CITY-ST-ZIP	
TITLE	Vice-President	4.1 TITLE	
NAME	James Cheek	4.2 NAME	
STREET ADDRESS	1611 Des Peres Road, Suite 395	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Louis, MO 63131	4.4 CITY-ST-ZIP	
TITLE	Secretary-Treasurer	5.1 TITLE	
NAME	Bruce Olson	5.2 NAME	
STREET ADDRESS	1611 Des Peres Road, Suite 395	5.3 STREET ADDRESS	
CITY-ST-ZIP	St. Louis, MO 63131	5.4 CITY-ST-ZIP	
TITLE	Assistant Secretary	6.1 TITLE	
NAME	Philip G. Kaplan	6.2 NAME	
STREET ADDRESS	168 N. Meramec, 4th Floor	6.3 STREET ADDRESS	
CITY-ST-ZIP	Clayton, MO 63105	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

PHILIP G. KAPLAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/99  
Date

314-963-0800  
Daytime Phone #

CR2E034 (1/198)