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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

P96000026191 (2) DOCUMENT # P960000
1. Corporation Name
ATLANTIC SALON RESOURCES, INC.

APPROVED AND

1997 AUG 14 AN 11: 05

SECRETARY OF STATE TALLAMASSEE, FLORIDA



2060 S.W. 71 TERRACE, STE. E-11 DAVIE, FLA. 33317							
	_				3. Date Incorporated or Qualified 03/22/1996	3a. Date of L	ast Report
2. Principal Place of Busines		ailing Address	146		4. FEI Number		Applied For
21 2060 SW.			AME		65-0652180		Not Applicable
Sulte, Apt. #, etc.	27	ilte, Apt. #, etc.			5. Certificate of Status Desired		75 Additional se Required
City & State	Cit	ly & State		· · ·	6. Election Campaign Financing		.00 May Be
23 VAVIE FL	Country 75		T Country		Trust Fund Contribution		ded to Fees
Zip 33317 21	Country Zij	)	Country		This corporation has liability for in Florida Statutes	tangible tax und Yes   No	der s. 199.032,
<u> </u>	5 29 29 and Address of Current Registers	ad Agent	30		10. Name and Address of New Reg		
SELTZER, STEP	···	- Agom	81	Name	10. 110.110 0.10 7.00.1000 01 11011 1102	natorea Agent	
20492 UNKSVIE			82			*******	
BOCA RATON FL 33434				Street Add	Address (P.O. Box Number is Not Acceptable)		
			83	l			
						<del>-</del>	
			84	City	•	FL  85	Zip Code
office or registered ager agent. I am familiar with	nt, or both, in the State of Florida, and accept the obligations of, So printed name of registered agent and title # ap-	Such change was ection 607.0505, Fl	authorized by lorida Statute	the corporals.	poration submits this statement for the pution's board of directors. I hereby acceptive when reinstating)	The appointment	nt as registered
12. 1/1/25	OFFICERS AND DIRECTO		13.	g		TO AND DEC	MORSUN 12
TITLE DOZE OF		DELETE	1.1 TITLE	;	-08/18/9		000 Addition
NAME	Cult of B		1.2 NAME		****169		*165.00
STREET ADDRESS	EINGOLD ORIVE			ADDRESS	3.44.44.4. T. O.C.		
CITY-ST-JIP WOOD M	RE NY 11598	<u> </u>	1.4 CITY - S				
TITUE : PRESCI	DZNT	DELETE	2.1 TITLE			☐ Cha	nge Addition
NAME ON GLAS	FEINGOL O		2.2 NAME				
STREET ADDRESS 360	IW III HI LANC	_	2.3 STREET	ADDRESS			
CITY-ST-ZIP CORAL	SPRINGS FL 33	065	2. 4 CITY -	ST-ZIP			
TITLE SOCO	tery	DELETE	3.1 TITLE			Cha	inge 🔲 Addition
NAME SEFERE	Y (HAGLER		3 2 NAME	į			
STREET ADDRESS WE CLUBS	SIDE DRIVE		3.3 STREET	ADDRESS			
CITY-ST-ZIP WOODM	ERE NY 11598		3 4. CITY-	ST-ZIP			
TITLE TOURAS	ACR	☐ DELETE	4.1 TITLE	-		☐ Cha	nge Addition
NAME ALM H	AGLER.		4.2 NAME				
STREET ADDRESS 1312 H	ARBOR ROAD NIL	1) don	4.3 STREET	ADDRESS			
CITY-ST-ZIP HOWLE	TI HARBOR NY	1133 //	4.4 CITY-5	T-ZIP			
TITLE	· ·	DELETE	5.1 TITLE			☐ Cha	inge Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-\$1-ZIP	·		5.4 CITY - 8	T-ZIP			
TITLE		☐ DEŁETE	6.1 TITLE			Cha	nge (L) Addition
NAME			6.2 NAME				1 WAY
STREET ADDRESS		<b>_</b> .*	6.3 STREET	ADDRESS			OBINE,
CITY-ST-ZIP			6.4 CITY - S				<u>, 10, </u>
14 I do hereby certify that the	ne information cumplied with this f	iline done not au	Hy for the exc	motion state	d in Section 119.07(3)(i) Florida Statutes	I further certify	that the

information indicated on this annual proof of supplemental lingual topyrit is true and accurate and that my signature shall have the same legal effect as if made under out it is a man officer or director of the cornoration or the receiver or trusted empowered to execute his report as required by Chapter 607, Florida Statutes; and that my nearly appears in Block 13 chapter 607 on an attachment with an address.

904-622-8801