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 # P96000026191

1. Corporation Name

ATLANTIC SALON RESOURCES, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90240 023 ***150.00

l										
Principal Plac	e of Business	Mailing Address				11 (10 10112 A1111 A0111 A0111 A0111	22117 25117 11910 2110	11210 12		
2060 SW 71ST TERRACE STE E-11 41 MERCEDES WAY DAVIE FL 33317 UNIT 34 EDGEWOOD NY 11717						DO NOT WRITE	E IN THIS SPACE	Ē		
		US			3. Date Incorp	orated or Qualifed				
				03/22/19	96					
2. Principal P	incipal Place of Business 2a. Mailing Address					4. FEI Number			Applied For	
21	26				65-06521	65-0652180		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.	75 Ad	ditional	
22 27					5. Certificate of	T Status Desired	- Fe	e Req	uired	
	City & State City & State			-	I	6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees				
Zip	Country Zip			ry	8. This corpora	This corporation owes the current year Intangible				
24	25	30		Personal Pr	Personal Property Tax.					
	9. Name and Address of Currer	nt Registered Agent			10. Name and	Address of New Re	gistered Agent			
			8	11 Name						
	tzer, stephen esq.			32 Street	Address (P.O. Box Nun	ober is Not Acceptab	le)			
2049	92 LINKSVIEW WAY		`	82 Street Address (P.O. Box Number is Not Acceptable)						
BOC	CA RATON FL 33434		1	33			.			
			ļ.	34 City			85	Zip Co	nde ———	
			1,	64 City			FL 🏻 🕆	£ip Cc		
l office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized t da Statut	by the corp es.	oration's board of direct	s statement for the proof ors. I hereby accept	the appointment	as regi	stered	
	Signature, typed or printed name of registered age			gent signature	required when reinstating)	CHANGES TO OFFI		CTOR	S IN 12	
12.		ID DIRECTORS	13.		ADDITIONS/	CHANGES TO OFFI	CERS AND BIRE		Addition	
TITLE	PT NACUED ALAN		1							
NAME	HAGLER, ALAN	107.000	1.2 NAM							
STREET ADDRESS		, API 322		EET ADDRESS						
CITY-ST-ZIP	GARDEN CITY NY 11530	DELETE.	_	-ST-ZiP -			[]Let	ange	Addition	
TITLE	V	☐ DECE IE	2.1 TITL		Co Id. E	EVAN		50		
NAME	FEINGOLD, EVAN		2.2 NAM	_	reingois 1	eingold, Evan 1053 Links Road				
STREET ADDRESS				EET ADDRESS	woodwere		· A_			
CITY-ST-ZIP	WOODMERE NY 11598		2.4 CIT	r-ST-ZIP	MODE WELL	<u>,, 01 1157</u>	LITEN	ange	Addition	
TITLE	S	C DELETE								
NAME	HAGLER, JEFFREY		3.2 NAM		59 Wilmin	aton Drive				
STREET ADDRESS				EET ADDRESS				س.		
CITY-ST-ZIP	WOODMERE NY 11598	ID DELETE	4.1 TITL	r-ST-ZIP	melville, A	27 - 11/7 6	n. ر	ange	Addition	
TITLE	LIACIED ALAN	₩ DECE16	4.1 IIIL				<u></u>			
NAME	HAGLER, ALAN								ł	
STREET ADDRESS	101010000000000000000000000000000000000			EET ADORESS					. [
CITY-ST-ZIP	HEWLETT HARBOR NY 11557	☐ DELETE	4,4 CITY 5.1 TITL	-ST-ZIP			Ch	ange	☐ Addition	
TITLE		רו הביניוב	5.2 NAM				ن	.0-		
NAME	1			EET ADDRESS					1	
STREET ADDRESS				-ST-ZIP						
CITY-ST-ZIP		☐ DELETE	6.1 TITL		 		□ Ch	ange	Addition	
TITLE			62 NAM					<u>.</u>		
NAME		0		EET ADDRESS					Į	
STREET ADDRESS	'			-ST-ZIP						
CITY OF ZID	1	, ,	- 	-U1-41F	1					

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 the 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 embowered of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR