

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000058598 (9)

1. Corporation Name
SALLY FINANCE, INC.

Principal Place of Business
1622-A LEONID ROAD
JACKSONVILLE FL 32218

Mailing Address
1622-A LEONID ROAD
JACKSONVILLE FL 32218-7709

3. Date Incorporated or Qualified
07/11/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

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

KEEL, BOB
12576 DUNRAVEN TRAIL
JACKSONVILLE FL 32223

81 Name JAMES A CASON
82 Street Address (P.O. Box Number is Not Acceptable)
12576 DUNRAVEN TRAIL
83
84 City JACKSONVILLE FL 85 Zip Code 32223

11. Pursuant to the provisions of Sections 607.032 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 of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	CASON, JAMES A	12576 DUNRAVEN TRAIL	JACKSONVILLE FL 32223	<input type="checkbox"/>
	PD			<input type="checkbox"/>
	CASON, SALLY ANN	12576 DUNRAVEN TRAIL	JACKSONVILLE FL 32223	<input type="checkbox"/>
	V			<input type="checkbox"/>
	KEEL, BOB	4078 TYNDEL CREEK PLACE	JACKSONVILLE FL 32223	<input type="checkbox"/>
	ST			<input type="checkbox"/>
	PETTY, HENRIETTA	10547 HAVERFORD ROAD	JACKSONVILLE FL 32218	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-97 (751-5009)

0036426

CR2E034 (9/96)