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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000093183 (7) SALON CHRYSALIS, INC.

FILED May 13 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 96 S. FEDERAL HIGHWAY 96 S. FEDERAL HIGHWAY BOCA RATON FL 33432 BOCA RATON FL 33432-4825										
BOCA RATON FL 33432	BOGA HATON FL 33432-4825	•				;				
					3. Date Incorpor 11/08/1996		alified	3a, Da	ate of Last I	Report
2. Principal Place of Business	2a, Mailing Address				4. FEI Number	1187	2	_ 		Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.				62-01	1101				lot Applicable Additional
22	27				5. Certificate of t	Status Desi	ired			Required
City & State	City & State				6. Election Camp	paign Finan	ncing		\$5.00	May Be
Zip Country	28	Country	<u>. </u>		Trust Fund Co		10'A - 4'- "	<u> </u>		to Fees
24 25	29 30	¬ ' '	,		8. This corporation of the Florida Statute			- · -	_tax unger: _] No	s. 199.032,
g, Name and Address of Curre			· · · · · ·		10. Name and Ad	ddress of I	New Re	gistered /	Agent	7/2/2
SOULE, JAMES L		81	N.	ame						
7471 W. OAKLAND PARK BLVD., SUITE 110		82	Si	treet Addre	ldress (P.O. Box Number is Not Acceptable)					
FT. LAUDERDALE FL 33319		83	 							
		DA		····	· · · · · · · · · · · · · · · · · · ·				lee I 7in	Code
		84	C	ity				FL	85 Zip	Code
 Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig 	02 and 607.1508, Florida Statutes, e of Florida, Such change was aut	the above horized by	e-na y the	med corporation	oration submits this ion's board of direct	statement f ors. I hereb	for the p by accep	ourpose of pt the app	changing ointment a	its registered s registered
SIGNATURE	galions of, occilon bor.cood, Floric	aa Olalolok	ο.							
Signature, typed or printed name of registered ag			gia kii	gnature require	ed when reinstating)			DATE		
<u> </u>	ND DIRECTORS DELETE	13.		-71	ADDITIONS/CH	IANGES TO) OFFIC	ERS AND	DIRECTO Change	
	_	1.2 NAME		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(T)	31.			onango	P_1 Noomon
STREET ADDRESS 96 3 FEATURE TO	123432	1.3 STREET	(ADO	RESS 3	65 Fedor	Chary				
CITY-SI-ZIP SOLG SCATUM, TU	1 3 3 4 30	1.4 CITY - S	31 - ZIF	· B	ou Redun	19L	<u> よう</u>	437		
THE DAVE LEDWALD	□ DELETE	2111116		\ \nabla_1	PIDma	1.1		• •	☐ Change	Addition
STREET ADDRESS GITY-ST-ZIP BUCK RUGNIFL	•	2.2 NAME	Abr	73	2000 MCCOV	Ne (01				
STREET ADDRESS CITY-ST-ZIP ROLCA Robon FL	33432	23 STREET 2 4 CHY-5			och Rhow) to	₹3	3432	-	
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NAME	•	3 2 NAME								
STREET ADDRESS		3.3 &TREE1	ADD:	ress						
CITY-ST-ZIP	Descri	3.4, CITY - 9	S1- ZI	IP					T-1.00	12200
TITLE NAME	L_J DELETE	4.1 TITLE 4. 2 NAME		1					L.J. Change	Addition
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CITY-ST-ZIP		4.4 CITY - S		i						
TITLE	☐ DELEJE	5.1 TITLE							Change	Addition
NAME		5.2 NAME								
STREET ADDRESS	!	53\$THEET			•					
CITY-ST-ZIP	☐ DELETE	5.4 CITY-S	ST - 716	P		·····			Chance	Addition
TITLE NAME	□ Milit	6.1 TITLE 6.2 NAME		- [change	
STREET ADDRESS		6.3 STREET	I ADN	BESS						
CITY-ST-ZIP		6.4 C(1)Y-S								
14. I do hereby certify that the information supplied information indicated on this annual report or	ed with this filing does not qualify t	or the exe	mini	tion stated	in Section 119.07(3)(i), Florida	Statute	s. I further	r certify tha	it the
I am an officer or director of the corporation of appears in Block 12 or Block 13 if changed,	or the receiver or trustee empower or or ar attachment with an addition	to exec	cute	this report	t as required by Cha	ipter 607, F	Florida S	Statutes; a	ind that my	name