

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90085 023 \*\*\*150.00

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DOCUMENT # P97000038277

1. Corporation Name  
SALON PANACHE, INC.

Principal Place of Business  
705 YOUNGSTOWN PARKWAY  
#358  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
705 YOUNGSTOWN PARKWAY  
#358  
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1997

4. FEI Number  
59-3444713

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 2672 Orchard Dr

2a. Mailing Address  
26 2672 Orchard Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 APOPKA FL

27 City & State  
28 APOPKA FL

24 Zip 32712 25 Country USA

29 Zip 32712 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSH, BARBARA A  
931 NORTH S R 434, SUITE 1095  
SUITE 800  
ALTAMONTE SPRINGS FL 32714

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 VT ☐ DELETE  
NAME MEEKS, ANN  
STREET ADDRESS 705 YOUNGSTOWN PKWY, #705  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PS ☐ DELETE  
NAME WALSH, BARBARA  
STREET ADDRESS 428 HAVERLAKE CIRCLE  
CITY-ST-ZIP APOPKA FL 32712

2.1 TITLE PS ☒ Change ☐ Addition  
2.2 NAME WALSH, BARBARA  
2.3 STREET ADDRESS 2672 Orchard Dr  
2.4 CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Barbara Walsh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

407-774-0700

Daytime Phone #

CR2E034 (11/98)