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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

197000072924 DOCUMENT #
1. Corporation Name
SLW S SALON INC

FILED										
May 07 1998 8:00an										
Secretary of State										

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Principal Plac	e of Business		Mailing A	Address							
			10.	2 ROYN	41. 1	(00)	مر A	1			
				•							
			SAF	ETY HI				3. Date Incorporated or Qualified	3a. Dat	e of Last	Report
				FL	. 3	46 9	15	8.22-97			·
2. Principal P	lace of Business		2a. Mailir	g Address				4. FEI Number		A	pplied For
21			26					59-3464763	<u> </u>		lot Applicable
Suite, Apt.	#, etc.		—	Apt. #, etc.	•			5. Certificate of Status Desired		•	Additional
22			27	State	·						lequired
City & Stat	0		28	k Siale				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Count		Zip		Coun	ntry		8. This corporation has liability for in			
24	25	·	29	[30	-] No	D. 100.002,
	9. Name and Addr	ess of Current R	egistered a	Agent				10. Name and Address of New Reg	stered A	gent	
507	ANNE U	JEINN.			1	81 Nam	18				
-					li li	82 Stree	et Addre	ss (P.O. Box Number is Not Acceptable	e)		
102	ROYAL	(00)	e 7		Ļ					,, .	
			-			83					
SA	FETY HA	KBOR	Pl	3469	'S 1	84 City				85 Zip	Code
	, , , , , , , , , , , , , , , , , , ,			o Electric State					FL	1	
office or r	registered agent, or bot	h, in the State of	Florida. Su	ch change was au	ıthorized	by the co	eo corpo orporatio	pration submits this statement for the pu on's board of directors. I hereby accept	the appo	cnanging intment a	its registered s registered
agent. Fa	m familiar with, and ac	cept the obligatio	ns of, Secti	on 607.0505, Flor	ida Statu	ites.					
SIGNATURE	Signature typed or printed nam	a of ragistared agent at	nd little if applica	able (NOTE:	Registered	Agent signal	ure require	d when reinstating)	DATE		
12.		FFICERS AND C			13.	TIGOTA GIGING	1040	ADDITIONS/CHANGES TO OFFICE		DIRECTO	RS IN 12
TITLE	PRESIDEN	IT		DELET E	1.1 TITL	LE			٦	Change	Addition
NAME	SUZANNE		VEN		1.2 NAM	ME					
STREET ADDRESS	102 ROY.	HARBOR	e 7		1.3 STR	REET ADDRES	s				
CITY-ST-ZIP	SAFETY	HARBOR	FL	34695		Y-ST-ZIP					
TITLE				DELETE	2.1 TITL				·	Change	Addition
NAME				-	2.2 NAN	-					
STREET ADDRESS						REET ADDRES	S				
CITY-ST-ZIP	 			DELETE	2. 4 CIT	TY-ST-ZIP				Change	Addition
TITLE				☐ OCCUPE	3.1 HIL				,	Onenge	LLI Addition
NAME STREET ADDRESS						VIC REET ADDRES					
						IY-ST-ZIP					
CITY-ST-ZIP TITLE				DELETE	4.1 TiTi					Change	Addition
NAME					4. 2 NA	.ME		20000251	l 96	92	
STREET ADDRESS					4.3 STR	REET ADDRES	s	-05/12/98010	190	142	
CITY-ST-ZIP	_				4.4 CIT	Y-ST-ZIP		***150.00			
TITLE				DELETE	5.1 TITL	LE				Change	Addition
HAME					5.2 NAM	ME				_	よう
STREET ADDRESS					5.3 STR	REET ADDRES	s				4.7
CITY-ST-ZIP	<u></u>					Y - ST - ZIP	<u></u>		····		<u>-ノ・(</u>
TITLE				DELETE	6.1 TITL				ı	Change	L Addition
NAME					62 NA						
STREET ADDRESS	1					REET ADDRES	s				
CITY-ST-ZIP		ation outside	dh this to-	a done not await.		Y-ST-ZIP	2 010104	in Section 119.07(3)(i), Florida Statutes	Liferthan	andifu the	l liva
informatio	on indicated on this ann	ual report or sup-	plemental a	innual report is tru	ie and ac	ccurate a	nd that r	my signature shall have the same legal	effect as	if made ui	nder oath; the
I am an o appears i	officer or director of the in Block 12 or Block 13	corporation or the if changed, or or	e receiver o n an attachr	r trustee empowe nent with an addr	red to ex ess.	xecute thi	s report	as required by Chapter 607, Florida St	aiules; an	o that my	name