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 # P9700092435

1. Corporation Name

SALON ON THE BOULEVARD, INC.

Principal Place of Busines	S
SEAT PARCEVELY BLUD	

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90070 045 ***150.00



				1		5 K TO MILL MANNAK TO MIL MANI I KAN	
Principal Place of Business	of Business Mailing Address						
5507 ROOSEVELT BLVD JACKSONVILLE FL 32210	5507 ROOSEVELT BLVD JACKSONVILLE FL 32210	***					
NACKOCIANITE LE 25510			DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed			
				10/27/1997			
2. Principal Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
जी	26			59-3475791		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State			6. Election Campaign Financing	П	\$5.00 May Be	
3	28			Trust Fund Contribution		Added to Fees	
Zip Country	Zip C	ountry		8. This corporation owes the curre	•	• -	
4 25	29 30 -			Personal Property Tax.	·· ·[Yes Vo	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
		81	Name				
LANE, DENISE ANN 5507 ROOSEVELT BLVD JACKSONVILLE FL 32210		82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
		83					
		84	'		FL	85 Zip Code	
 Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the 	State of Florida. Such change was authorize	ced by	the corporation	ration submits this statement for the 's board of directors. I hereby accep	ourpose of ch the appoint	nanging its registered ment as registered	
SIGNATURE	<u> </u>	-					
Signature, typed or printed name of register	ed agent and title if applicable. (NOTE: Registe	red Agen	it signature required i	when reinstating)	DATE		

agent. I ar	n familiar with, and accept the obligations of, Sec	tion 607.0505, Florid	a Statutes.			
SIGNATURE	d sink a second or	AICTE D	egistered Agent signature requ	great when reinstations	DATE	
	Signature, typed or printed name of registered agent and title if applic OFFICERS AND DIRECTO		13.		O OFFICERS AND DIRECTOR	25 IN 12
12.		DELETE	1.1 TITLE	ADDITIONS/CHANGES 1	Change	Addition
TITLE	PS	T DEFEIE			criango	i
NAME	LANE, DENISE ANN		1.2 NAME			
STREET ADDRESS	5507 ROOSEVELT BLVD		1.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32244		1.4 CITY-ST-ZIP			_
TITLE	VPT	☐ DELETE	2.1 TITLE	-	☐ Change	☐ Addition
NAME	LANE, LONNIE HINTON		2.2 NAME			
STREET ADDRESS	5507 ROOSEVELT BLVD		2.3 STREET ADDRESS			ı
CITY-ST-ZIP	JACKSONVILLE FŁ 32204		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME	and the second of the second o		-
STREET ADDRESS		,	3.3 STREET ADDRESS			
CITY-ST-ZIP		- <u></u> -	3.4. CITY-ST-ZIP			
TITLE		DELETE .	4.1 TITLE		Change	☐ Addition
NAME	0		4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	<u></u>		4.4 CITY-ST-ZIP			
πιLE	7.7 Dr	DELETE	5.1 TITLE		Change	Addition
NAME	<u> </u>		5.2 NAME			
STREET ADDRESS	 		5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
πLE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME ,			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			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.