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 # P98000032243

ROCK 'N ROLL SALON, INC.

Principal Place of Business

160 N FLORIDA AVE . INVERNESS FL 34450 Mailing Address

160 N FLORIDA AVE INVERNESS FL 34450

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90075 042 ***150.00



DO NOT WRITE IN THIS SPACE

					00110111110111		
				3. Date Incorporated or Qualifed 04/06/1998			
Principal Place of Business 2a. Mailing Address					4. FEI Number	X Ap	plied For
1160 N	160 N. Florida Ave 26 160 N. Florid			a Ave.		No	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
27					5. Certifcate of Status Desired	Fee Re	quired
City & State City & State					6. Election Campaign Financing	\$5.00	Mav Be
Inverness, FL 28 Invernes			FL		Trust Fund Contribution	Added t	•
Zip	Country	Zip	Country	,	8. This corporation owes the current year Ir	ntangible	
34453	— '	29 3 4 4 5 3	o USA		Personal Property Tax.	ŬYes	∏No
<u> </u>	9. Name and Address of Curren		1 000	-	10. Name and Address of New Registered	Agent	
			81	Name			
KOVACH, MICHAEL T							-417
203 COURTHOUSE SQUARE			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
INVERNESS FL 34450			-				
1117	1111COO 1 C 07700		83		•	•	
			84	City		85 Zip (ode
			"	City	FI		
office or r agent. I a SIGNATURE	ım familiar with, and accept the obliga	itions of, Section 607.0505, Florida	a Statutes	i.	ration's board of directors. I hereby accept the appo	munerit as reg	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agen				garde market and a second	ND DIRECTO	DC IN 12
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D NOVAGUA ANGUASA T	Æ T*DELETE	1.1 TITLE		D/P	cliange	□ Addibor
NAME	KOVACH, MICHAEL T		1.2 NAME		Lillian Harwell,		
STREET ADDRESS			1.3 STREE	TADDRESS	160 N. Florida Avenue		
CITY-ST-ZIP	INVERNESS FL 34450		1.4 CITY-5		Inverness, FE, 34453		
TITLE		☐ DELETE	2.1 TITLE		involucibly 12, 5.10	Change	Addition Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP	. منز محیده رست در		2. 4 CITY-	ST-ZIP	<u> </u>		
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NAME			3.2 NAME				
	İ			T ADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP		Change	Addition
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TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS	, ,		6.3 STREE	TADDRESS			
OHNEE I HOUNESS	1 72 5 3 5 5 7 5						
OFF 1			6.4 CITY-5	T-7IP [

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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9 \ 352 - 3 (1 - 0050)

K2E034 (11/98)