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BARBARA S. BUCHANAN

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July 13, 2000

Ms. Karon Beyer, Bureau Chief Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Statement of Change of Registered Office

Dear Ms. Beyer:

-07/18/00--01002--020 *****35.00

Enclosed for filing with your office are Statements of Change of Registered Office for each of the following entities together with our firm's check in the amount of \$455.00 to cover the filing fee of \$35.00 per Statement:

Atlantic Urological Associates, P.A. Michael J. Barimo, D.O., P.A. Bosshardt and Marzek, LLP Finishline Automotive Coatings, Inc. The Harbour Healthcare Group, Inc. Infinite Ideas and Designs, Inc. JVK Salon, Inc. Joe's Truck Parts, Inc.

Magic Audio, Inc. Moriah Brandon's, Inc. Plastic Surgery Center of Lake County, P.A. South American Imports/Exports, Inc. Space Coast Radiology Associates - Drs. Anderson, Mayer, Flynn, Sorbello and Swalchick, P.A.

If you should have any questions regarding the enclosed request, please do not hesitate to telephone me.

Sincerely,

Barbara S. Buchanan

Backers Buchan

Paralegal

bsb Encls.

TALLAHASSEE 850-222-7717

MELBOURNE 321-727-8100

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of sectio	n 607.0502(3), 617.0502(3), 607.1	508(2), or 617.1508(2),
Florida Statutes, the undersigned re	egistered agent of a corporation org	ganized under the laws of
the State of <u>FLORIDA</u> subn	nits the following statement in ord	er to change the registered
office in Florida.		
1. The name of the corporation:	JVK SALON, INC.	
,	<i>524525</i>	
2. The street address of the current	registered office:	
	201 E. Pine Street	TASE 80
	Suite 1200	
	Orlando, Florida 32801	ARY ARY
3. The street address of the new re	gistered office:	18 PM 2:57 TARY OF STAT
	301 E. Pine Street	
	Suite 1400	
	Orlando, Florida 32801	
The corporation has been notified i	n writing of this change.	
The street address of the registered registered agent, as changed, will b		e business office of the
Date: 6-13-2000		
15.5chre	David L.	
(Signature of Registered Agent)	(Printed or	Typed Name)

Filing Fee: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS28(9/98)