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

**PROFIT CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ALLUZIONS SALON, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 02 1998 8:00am Secretary of State



| 26   59-3086157   No   |   |  |  |
|--|---|--|--|
| 2. Affinipular Place of Business   |   |  |  |
| 2. Maling Address   2. Maling Address   4. FEI Number   59-3086 157   50. Ap. 29-21   28   29   28   29   29   30   59-3086 157  |   |  |  |
| Suite, Apt. #, etc.    28  | lied For                                    |  |  |
| Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.  | Applicable                                  |  |  |
| City & State    City & State   City  | dditional                                   |  |  |
| 28     29     20        |   |  |  |
| 9. Name and Address of Current Registered Agent  NEWSOME, ROBERT B.  731 BRIFFWOOD CIR 139 N Roscor B of City  PONTE VEDRA BEACH FL 32082  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Name  14. Pursuant to the provisions of Sections 697.0502 and 697.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 a signature was authorized by the corporation's board of directors. I hereby accept the appointment as a signature required when reinstaining.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. STREET ADDRESS  15. STREET ADDRESS  15. STREET ADDRESS  15. OFFICER ADDRESS  15 |   |  |  |
| 10. Name and Address of New Registered Agent   10. Name and Address of   | ngible                                      |  |  |
| NEWSOME, ROBERT B.  731 DRIFTWOOD OR 139 N Rosco BVV  PONTE VEDRA BEACH FL 32082  11. Pursuant to the provisions of Sections 607.0502 and 602.1508, Florida Statutes, the above-nemed corporation submits this statement for the purpose of changing its 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 in agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or prived name of registered agent and refer inspectation.   (NOTE Registered Agent segmenter registered when reinstating)   DAYE  | No  |  |  |
| ### PONTE VEDRA BEACH FL 32082  ### City  ### City ### City ### City ### City ### City ### City ### City ### City ## |   |  |  |
| PONTE VEDRA BEACH FL 32082  83  84 City  FL 85 Zip C  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its 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 a general lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent signature required when retristating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  I 12 MAME  NEWSOME, ROBERT B.  731 DRIFTWOOD CIR  PONTE VEDRA BEACH FL  14 City   NOTE Registered Agent signature required when retristating)  DATE  1.2 MAME  NEWSOME, ROBERT B.  1.2 MAME  NEWSOME, ROBERT B.  1.2 MAME  NEWSOME, CRISTINA R.  2.2 MAME  3.3 STREET ADDRESS  731 DRIFTWOOD CIR  2.3 STREET ADDRESS  731 DRIFTWOOD CIR  2.4 CITY-ST-ZIP  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  DELETE  4.1 TITLE  DELETE  4.1 TITLE  DELETE  1.1 TITLE  Change  |   |  |  |
| B3   B4   City   FL   B5   Zip C   | Address (P.O. Box Number is Not Acceptable) |  |  |
| B4   City  |   |  |  |
| 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 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 a agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE   |   |  |  |
| 11. Pursuant to the provisions of Sections 607.0502 end 607.1508, Florida Stetutes, the above-nemed corporation submits this estatement for the purpose of changing its 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 ragent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes  SIGNATURE    Signature, typed or printed name of registered agent and title if agreeable.   (NOTE Registered Agent signature required when reinstating)   DATE   | xde   |  |  |
| office of fegistered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as ragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE   Signature, hybrid or printed name of registered agent and 146 if application.   | registered                                  |  |  |
| Signature. Synet or printed name of registered againt and rife if apprication.   NOTE: Registered Againt signature required when reinstating)   DATE   | gistered                                    |  |  |
| 12. OFFICERS AND DIRECTORS  TITLE NAME NEWSOME, ROBERT B. STREET ADDRESS TOTTLE NAME NEWSOME, ROBERT B. TAI DRIFTWOOD CIR PONTE VEDRA BEACH FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE ATTILE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE STRILLE S |   |  |  |
| TITLE NEWSOME, ROBERT B.  STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL  TITLE NAME NEWSOME, CRISTINA R.  STREET ADDRESS T731 DRIFTWOOD CIR ONEWSOME, CRISTINA R.  STREET ADDRESS CITY-ST-ZIP ONTE VEDRA BEACH FL  ONEWSOME, CRISTINA R.  STREET ADDRESS CITY-ST-ZIP  TITLE ONEL ONE STREET ADDRESS CITY-ST-ZIP  TITLE ONEL ONE STREET ADDRESS CITY-ST-ZIP TITLE ONEL ONE STREET ADDRESS CITY-ST-ZIP TITLE ONEL ONE STREET ADDRESS CITY-ST-ZIP TITLE ONEL ONE STREET ADDRESS CITY-ST-ZIP TITLE ONEL ONE STREET ADDRESS CITY-ST-ZIP TITLE ONEL ONE STREET ADDRESS CITY-ST-ZIP TITLE ONEL ONE STREET ADDRESS CITY-ST-ZIP TITLE ONEL ONE STREET ADDRESS CITY-ST-ZIP TITLE ONEL ONE STREET ADDRESS CITY-ST-ZIP TITLE ONEL ONE STREET ADDRESS CITY-ST-ZIP TITLE ONEL ONE STREET ADDRESS CITY-ST-ZIP TITLE ONE STREET ADDRESS TREET ADDRESS TR | IN 12                                       |  |  |
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| CITY-ST-ZIP  TITLE  VD  NEWSOME, CRISTINA R. STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  STREET ADDRESS  CITY-ST-ZIP  Change  Change   | _   |  |  |
| CITY-ST-ZIP  |   |  |  |
| TITLE NEWSOME, CRISTINA R.  STREET ADDRESS 731 DRIFTWOOD CIR STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE A1 TITLE A2 NAME A2 NAME A4 CITY-ST-ZIP TITLE NAME A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 TITLE A4 TITLE A5 NAME A5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A5 TREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE S5 TREET ADDRESS CITY-ST-ZIP TITLE DELETE S5 TRITLE DELETE DELETE S5 TRITLE DELETE DELETE S5 TRITLE DELETE  |   |  |  |
| 33   17   17   17   17   17   17   17  | Addition                                    |  |  |
| CITY-ST-ZIP  |   |  |  |
| TITLE         DELETE         3.1 TITLE         Change           NAME         3.2 NAME         3.2 NAME         3.2 NAME         3.3 STREET ADDRESS         3.3 STREET ADDRESS         CITY-ST-ZIP         3.4. CITY-ST-ZIP         Change         Change         Change         Change         Change         Change         Change         CITY-ST-ZIP         Change         Change         CITY-ST-ZIP         Change         Chang  |   |  |  |
| NAME   |   |  |  |
| STREET ADDRESS   3.3 STREET ADDRESS   3.4 City-St-ZiP   3.4 City-St-ZiP  | Addition                                    |  |  |
| CITY-ST-ZIP         3.4. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE         Change           NAME         4.2 NAME         STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP         Change           TITLE         DELETE         5.1 TITLE         Change           NAME         5.2 NAME         Change  |   |  |  |
| TITLE         DELETE         4.1 TITLE         Change           NAME         4.2 NAME         4.3 STREET ADDRESS           CITY-ST-ZIP         4.4 CITY-ST-ZIP         TITLE         Change           NAME         5.2 NAME         Change   |   |  |  |
| NAME         4.2 NAME           STREET ADDRESS         4.3 STREET ADDRESS           City-ST-ZIP         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TiTLE         Change           NAME         5.2 NAME         Change   |   |  |  |
| STREET ADDRESS   4.3 STREET ADDRESS  | Addition                                    |  |  |
| City-St-ZiP         4.4 City-St-ZiP           TITLE         DELETE         5.1 TiTLE         Change           NAME         5.2 NAME         Change   |   |  |  |
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|  | Addition                                    |  |  |
| CTOCCT ADDRECC   CONTEST ADDRECC   |   |  |  |
| 5.3 SIRCE AUDIESS  |   |  |  |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP  |   |  |  |
| TITLE DELETE 61 TITLE Change   | Addition                                    |  |  |
| NAME 62 NAME   |   |  |  |
| STREET ADDRESS - 63 STREET ADDRESS   |   |  |  |
| CITY-ST-ZIP 64 CITY-ST-ZIP 64 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 indicated on this annual report is upplemental any indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 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 appeals 12 or Block 13 if changed or or an execute this report as required by Chapter 607, Florida Statutes; and that my name appeals are the control of | iormation<br>am an<br>ars in                |  |  |

Robert B Newsome