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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

THE SALON FOR HAIR AND NAILS, INC.

FILED May 08 1998 8:00am Secretary of State

813-654-2055

Principal Place of Business				Mailing Address					1 100st Olldes Ablud (110s disan still mit		B1011 91011 011) ki wiwii 1801	
3232 LITHIA PINECREST RO				3232 LITHIA PINECREST RD									
STE 101			•	STE 101 VALRICO FL 33594					DO NOT WRITE IN THIS SPACE				
VALRICO FL 33594				ANTUKO LT 22224				3. Date Incorporated or Qualified					
									12/27/1991				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		A	Applied For	
21				26					59-3106669		- , - -	lot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5, Certificate of Status Desired			Additional	
City & State				City & State								Required	
23				28					Election Campaign Financing Trust Fund Contribution			D May Be i to Fees	
Zip Country			201	Zip Country					This corporation owes or has paid				
24	25		29	29 30		•			Personal Property Tax due June			□ No	
		Address of Curre		tered Agent	.11	ľ			10. Name and Address of New Reg		Agent		
HE	GENAUER, SCO) T T				61	Nam	6					
3212 LITHIA PINECREST ROAD				i a			Stree	t Addre	dress (P.O. Box Number is Not Acceptable)				
SUITE 101													
VALRICO FL 33594													
						84	City				85 Zip	Code	
						ا_ا				FL		30	
11. Pursuant office or r	to the provisions i egistered agent, i	or Sections 607.050 or both, in the State	J2 and 60 e of Floric	07.1508, Florida Statu la: Such change was	ites, the a authorize	id by	the co	o corpo prporatio	pration submits this statement for the proof's board of directors. I hereby accep	urpose o It the app	changing pointment a	its registered is registered	
agent. I a	m lamiliar with, a	nd accept the oblig	ations of	, Section 607.0505, F	lorida Sta	tutes) .						
SIGNATURE	Flanch as a mad or run	iled name of registered ag	and and little	If applicable (NO	II Panistare	vd &000	nt eignet	ve temire	d when reinstaling)	DATE			
12.	Signature, typed or prin	OFFICERS AN			13.	o Age	ni signad	ye reduire	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TITLE	P	<u> </u>	2. 2.77.12.2	DELETE	1.1 7	ITLE		T		=:2=	Change		
NAME	HEGENAUER	R. KATHY		1.2			1.2 NAME						
STREET ADDRESS	10406 HARV				1.3 \$	TREET	ADDRESS	3					
CITY-ST-ZIP	RIVERVIEW I	FL 33569			1.4 C	ITY-S	T-ZIP						
TITLE	VP			DELETE	21 T	ITLE			4		Change	Addition	
NAME	HEGENAUER	R, SCOTT			22 N	IAME							
STREET ADDRESS	10406 HARV				235	TREET	ADORESS	5					
CITY-ST-ZIP	RIVERVIEW I	FL 33569			2 4 0	CITY-S	ST-ZIP						
TITLE				☐ DELETE	317	IYLE					☐ Change	Addition	
NAME					3 2 N	IAME							
STREET ADDRESS							ADDRESS	3					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				CITY-S	ST-ZIP				T 4.	1 4 7 6 6 7	
TITLE				DELETE	4 1 T						Change	Addition	
NAME						NAME							
STREET ADDRESS							ADORESS	5					
CITY - ST - ZIP				Devese		ITY-S	1 - ZIP				Chance	Addition	
TITLE				☐ DELETE	5.1 T						☐ Change	☐ AQUIDON	
NAME					5.2 N								
STREET ADDRESS					- 4		ADDRESS	3					
CITY-ST-ZIP				DELETE	_	ITY-S	T - ZIP	 -			Change	Addition	
TITLE				CT DETER	6.1 T						□ Cuange		
NAME				6.2 NAME 6.3 STREET ADDRESS									
STREET ADDRESS					■ 6.3 S	REET	ADDRESS	5 I					

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.