FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
• ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V48585

1. Corporation Name

Salon West Inc.
3300 S. Hiawassee Rd.
Suite 102
Orlando, Fl. 32835

Principal Place of Business — Mailing Address

600001459286
-04/18/95--01091--015
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number 593137420 | Applied For | Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip 24 | Country 25 | Zip 29 | Country 30

9. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Amy Arenas (Allen)
3300 S. Hiawassee Rd #102
Orlando FL 32835

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** | 85 Zip Code

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 registered 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X Amy Allen Arenas — Amy Allen Arenas — 4/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NANCY JACOBINI	1.1 TITLE	☐ Change ☐ Addition
NAME		1.2 NAME	
STREET ADDRESS	OWNER - President	1.3 STREET ADDRESS	
CITY-ST-ZIP	600 Mountain Ave	1.4 CITY-ST-ZIP	
	Gillette NJ 07933		
TITLE	MANAGER (Vice President)	2.1 TITLE	☐ Change ☐ Addition
NAME	Amy Allen Arenas	2.2 NAME	
STREET ADDRESS	5103 Abelia Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando Fl. 32819	2.4 CITY-ST-ZIP	
TITLE	ASST. MANAGER	3.1 TITLE	☐ Change ☐ Addition
NAME	Lisa West	3.2 NAME	
STREET ADDRESS	6137 Westgate Dr #1802	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl 32835	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	Allen gave authorization by phone	5.1 TITLE	☐ Change ☐ Addition
NAME	to add Lisa West's address	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	$87 4/17
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X Amy A. Arenas — 4/6/95 — 407 298-7665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #