

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V61060 (2)**

1. Corporation Name
SALON DEPOT, INC.



Principal Place of Business: **1301 W COPANS RD STE B-6 POMPANO BCH FL 33064-2227 US**
Mailing Address: **10739 N.W. 19TH ST. CORAL SPRINGS FL 33071**

2. Principal Place of Business: Sub. Apt. #, etc. City & State Zip Country
2a. Mailing Address: Sub. Apt. #, etc. City & State Zip Country

3. Date Incorporated or Qualified: **09/01/1992**
3a. Date of Last Report: **01/18/1995**
4. FEI Number: **65-0354878**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HERSHENSON, FRANK J.
10739 N.W. 19TH ST.
CORAL SPRINGS FL 33071**

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 Sections 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

11.1 TITLE	D	<input type="checkbox"/> DELETE
11.2 NAME	HERSHENSON, FRANK J.	
11.3 STREET ADDRESS	10739 N.W. 19TH ST.	
11.4 CITY-STATE-ZIP	CORAL SPRINGS FL	
11.5 TITLE		<input type="checkbox"/> DELETE
11.6 NAME		
11.7 STREET ADDRESS		
11.8 CITY-STATE-ZIP		
11.9 TITLE		<input type="checkbox"/> DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY-STATE-ZIP		
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		
12.3 STREET ADDRESS		
12.4 CITY-STATE-ZIP		
12.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY-STATE-ZIP		
12.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY-STATE-ZIP		
12.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY-STATE-ZIP		

14. I do hereby certify that the information submitted herein is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 a 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 in connection with an appointment with a address.

SIGNATURE: DATE: **1/17/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FRANK J. HERSHENSON**
954 979-0223

CR2E034 (12/95)