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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33071-4207

3. Date Incorporated or Qualified: 09/01/1992
3a. Date of Last Report: 01/23/1996
4. FEI Number: 65-0354878
Applied For: Not Applicable
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: [X] Yes [] No

2. Principal Place of Business
21 Suite, Apt #, etc.
22 City & State
23 Zip Country
24
2a. Mailing Address
26 Suite, Apt #, etc.
27 City & State
28 Zip Country
29
30

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, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent's signature required when reinstating) DATE

Table with 12 rows for Officers and Directors. Row 1: Title D, Name HERSHENSON, FRANK J., Street Address 10739 N.W. 19TH ST., City-ST-ZIP CORAL SPRINGS FL. Includes a DELETE checkbox.

Table with 13 rows for Additions/Changes to Officers and Directors in 12. Each row includes fields for Title, Name, Street Address, and City-ST-ZIP, with Change and Addition checkboxes.

14. I do 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 or in changed form in an attached form with an address.

SIGNATURE: [Signature] FRANK J. HERSHENSON 1/6/97 954-779-0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)