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 MAR 27 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V67548 (0)

1. Corporation Name
SALON COLORANCE, INC.

Principal Place of Business	Mailing Address
13129 B N. DALE MABRY TAMPA FL 33618 US	13129 B N. DALE MABRY TAMPA FL 33618 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/30/1992
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-3143815 ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOLAND, TERESA
1910 W SLIGH AVE
E-104
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name: BOLAND, TERESA
82 Street Address (P.O. Box Number is Not Acceptable): 13129 B N. DALE MABRY
83:
84 City: TAMPA FL 85 Zip Code: 33618

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Pres ☑ Change ☐ Addition
NAME	BOLAND, TERESA	1.2 NAME	Boland, Teresa
STREET ADDRESS	1910 W. SLIGH AVENUE #E104	1.3 STREET ADDRESS	13129 B N. Dale Mabry
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa FL 33618
TITLE	S	2.1 TITLE	Secr ☑ Change ☐ Addition
NAME	BOLAND, ADIL R	2.2 NAME	Boland, Adil R
STREET ADDRESS	1910 W. SLIGH AVENUE #E104	2.3 STREET ADDRESS	13129 B N. Dale Mabry
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa FL 33618
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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		5.1 TITLE	☐ Change ☐ Addition
NAME		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	
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: Adil R. Boland ADIL R. BOLAND 2/15/95 (813) 969-0176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0206758 CP