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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

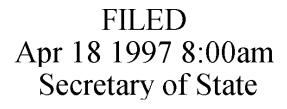
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(0)

SALON COLORANCE, INC.

Principal Place of Business

Mailing Address





13129 B N. DAL TAMPA FL 3361 US		13129 B N. DALE MABF TAMPA FL 33618-2425 US	RY		3. Date Incorporated or Qualified	3a. Date of Last Report
A 500 1 1 1					09/30/1992	05/24/1996
2. Principal Place of Business		28. Mailing Address	2a. Mailing Address 26		4. FTI Number 59-3143815	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	······································		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country Zip		Coun	try	8. This corporation has liability for in	angible tax under s. 199.032.
24	9. Name and Address of Curre	29 ent Begistered Agent	30 ent		Florida Statutes Yes No 10. Name and Address of New Registered Agent	
BOLA		ent negistereo Agent		Name	TV. Name and Address of New Neg	istered Agent
BOLAND, TERESA 13129 B N DALE MABRY						
E-104					Bress (P.O. Box Number is Not Acceptable	e)
TAMP	A FL 33618		L	33		
				34 City		FL 85 Zip Code
11. Pursuant to office or re agent. I an	o the provisions of Sections 607.05 igistered agent, or both, in the Sta n familiar with, and accept the obti	502 and 607.1508, Florida Stat te of Horida. Such change wa igations of, Section 607.0505.	tutes, the abo s authorized Florida Statu	ove-named cor by the corpora tes.	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered a				ried whon reinstaling)	DATE
12.		ND DIRECTORS	13.	Subtote teda	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	DELETE	13 100	F		Change Addition
NAME	BOLAND, TERESA		1.2 NAM	IE .		
STREET ADDRESS	13129 B N DALE MABRY		1.3 S\H	LT ADDRESS		
CITY-ST-ZIP			1.4 CITY	'- ST - 7IP		
TITLE	\$ DELETE		2.1 TITE	E		☐ Change ☐ Addition
NAME	BOLAND, ADIL R		2.2 NAN			:
STREET ADDRESS	13129 B N DALE MABRY		2.3 STR	F1 ADDRESS		
CITY-ST-ZIP	TAMPA FL			(-\$1-ZIP		Change T Address
TITLE NAME			3.1 1/IL			Change Addition
STREET ADDRESS			3.2 NAN			
CITY-ST-ZIP			1	EET ADDRESS		
TITLE		DELETE	3.4. GH 4.1 TiTL	r - \$1 - ZIP		Change Addition
NAME	•	- 14	4. 2 NA			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-SI-ZIP		
TITLE		DELETE	51 TH			Change Addition
NAME			5.2 NAM	lé		
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY-ST-ZIP			5.4 CHY	- S1 - ZIP		
TITLE		☐ DEL€1E	6.1 TITL			Change Addition
NAME 1			6.2 NAM	l£		
STREET ADDRESS			63 S1B	ELI ADDRESS		ł
1			***	LI ADDINESO		1

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 eath; 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.