

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V72307 (4)
1. Corporation Name
JEREMY SALON, INC.



Principal Place of Business: **359 MIRACLE MILE SUITE 207 CORAL GABLES FL 33134 US**
Mailing Address: **2800 CHAPMAN RD PLANO TX 75093**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
10/14/1992	10/23/1995
4. FEI Number	Applied For
65-0378001	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
TUNSTALL, STEVE
2701 SW LEJUNE RD #410
CORAL GABLES FL 33134
Steve Tunstall
2701 SW LeJeune Rd #410
Coral Gables, Fla. 33134

10. Name and Address of New Registered Agent
81 Name: **Stephen E. Tunstall**
82 Street Address (P.O. Box Number is Not Acceptable): **2701 S.W. LeJeune Rd #410**
83
84 City: **Coral Gables** FL 85 Zip Code: **33134**

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: *Stephen E. Tunstall* 5/7/96
Signature, typed or printed name of registered agent and the applicant. (607.0505, Florida Statutes) (607.1508, Florida Statutes)

12. OFFICERS AND DIRECTORS		
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	BLACKWELL, TOM	
STREET ADDRESS	8215 WESTCHESTER, #207	
CITY-ST-ZIP	DALLAS TX	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARIAGE, JEREMY	
STREET ADDRESS	1101 88TH ST.	
CITY-ST-ZIP	SURFSIDE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Blackwell, Tom	
13 STREET ADDRESS	2800 Chapman Rd.	
14 CITY-ST-ZIP	PLANO TX 75093	
21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Mariage, Jeremy	
23 STREET ADDRESS	9271 Flicker Pl.	
24 CITY-ST-ZIP	LA CA 90069	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(k), 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: *Tom Blackwell* 4-15-96 214-403-7751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (City, Phone #)

CR2E034 (12/95)