FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M69730

(3)

NAIL BIZARRE, INC.

FILED										
May 04 1998 8:00am	ì									
Secretary of State										

	-											
Principal Plac	e of Business	М	Mailing Address					188189 119 B	IIIII AAII AIII AIAI	(01011 81011 010		
7040 BERACASA WAY			7040 BERACASA WAY									
BAY 8 BOCA RATON FL 33433			BAY B BOCA RATON FL 33433					DO NOT WRITE IN THIS SPACE				
		•						3. Date Incorporated or Qua	ified			
								02/26/1988				
	lace of Business	-	Mailing Address					4. FEI Number		}	pplied For	
21	# -T-	26	D 11 A A A A A A					65-0047526			ot Applicable	
Sulte, Apt.	#, OIC.		Suite, Apt. #, etc.				ļ	5. Certificate of Status Desire	ed 🔲		Additional equired	
22 City & State	Α	27	City & State				-+	a Stanting Courseling Single	·			
23	•	28	Only & State				1	Election Campaign Finance Trust Fund Contribution	ingi		May Be to Fees	
Zip	Country		Zip	Cou	intry		-+	8. This corporation owes or h				
24	25	29	,	30	•			Personal Property Tax due		— · -] No	
	9. Name and Address of Curren	Regis	tered Agent	4.7.4				10. Name and Address of No	w Registered	Agent		
co	BETTI, CATHY				81	Name	MA	TRYANN DIT	- A.W			
3	10 BERACASA WAY				82	Street A	<u> </u>		eptable)			
DE	L MAR SHOPPING VILLAGE					_7	υY	s (P.O. Boy Number is Not Act	WAY			
BO	CA RATON FL 33433				83	\mathcal{O}	561	MM SHOPPING	5 UILL	AGE		
					84	CitΩ				85 Zip	Code	
<u></u>			······································			<u>y</u>	<u>OC F</u>	+ 12ATON	<u> </u>	<u>. 33</u>	¥33	
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State	of Flori	07.1508, Florida Statu da. Such chan ge wa s	tes, the al authorize	bove- d by t	named be corp	corpora	ation submits this statement for	the purpose of accept the app	of changing i	its registered s registered	
agent.1a	egistered agent, or both, in the State m familiar with, and acceptance obliga	lions o	f, Section 607.0505, FI	lorida Stat	tutos	7 	_	4/ 5	3.9	1	-0	
SIGNATURE		1		/			\simeq	when reinstating)		J		
12.	Signature, typical or pointed name of registered age- OFFICERS AND		· · · · · · · · · · · · · · · · · · ·	13.	a Ageni	i signature	required v	ADDITIONS/CHANGES TO	DATE OFFICERS ANI	D DIBECTOL	RS IN 12	
TITLE	PTD		DELETE	11 11	TLE			7.0571107107071711020710	011107111	Change	Addition	
NAME	COBETTI, CATHY			1.2 N/	AME							
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CITY-ST-ZIP	BOCA RATON FL 33433			1.4 C	TY-ST-	ZIP						
TITLE	S D		☐ DELETE	2.1 TI	TLE		PT	BNNO, MARYAN. 7040 BENALASIA W LA ILATON PO		Change	Addition	
NAME	DITONNO, MARYANNE			2.2 N/			DIT	BNNO, MARYAN	ن د د د د	. 6		
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NAME				3.2 N/	AME							
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· ·						nnpece						
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TITLE			DELETE	6.1 TI		FIL				Change	Addition	
NAME				6.2 N/		ļ						
STREET ADDRESS						DDRESS						
CITY-ST-ZIP					TY-ST-							
14. I hereby o	ertify that the information supplied wi	th this f	iling does not qualify f	or the exe	emptio	on state	d in Sec	ction 119.07(3)(i), Florida Statu	ites. I further co	ertify that the	information	
indicated officer or	on this annual report or supplementa director of the corporation or the rece	l annua iver or	I report is true and acc trusten empowered to	curate and	d that	: my sigi	naturé s	shall have the same legal effec	it as if made ur	nder oath; t h	ıatlam an l	
Block 12	or Block 13 if changed, or on an attac	hmo	with an eddress.									