SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

S65370 (6)

ACADEMY OF NAILS, SKIN CARE AND MASSAGE THERAPY.

FILED Sep 09 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 4401-W. KENNEDY BLVD. 4401 W. KENNEDY BLVD. SUITE 300 TAMPA FL 33609 DO NOT WRITE IN THIS SPACE TAMPA FL 33609 3. Date Incorporated or Qualified 3a. Date of Last Report 07/05/1991 06/24/1996 Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 26 59-3080013 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Ζip Country 8. This corporation owes or has paid the current year Intangible INELLAS 20 30 Personal Property Tax due June 30. Yes Yes ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DE MATTE, EUGENE 4401 W. KENNEDY BLVD. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 300 83 TAMPA FL 33609 84 City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE DE MATTE, EUGENE NAME 1.2 NAME 10431 ORANGE GROVE DR. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PORLIER, ANNETTE B. NAME 2.2 NAME 12133 96TH PLACE N. STREET ADDRESS 2.3 STREET ADDRESS **SEMINOLE FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY - ST - ZIP ☐ DELETE 6.1 TITLE Change Acidition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

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 if changed, or on any attainment with an address.