

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 AUG -8 AM 10:16

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # V38245 (9)

1. Corporation Name

NAILS & TAN OF PLANTATION, INC.

Principal Place of Business

8320 W SUNRISE BLVD
 #206
 PLANTATION FL 33322

Mailing Address

8320 W SUNRISE BLVD
 #206
 PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0364506

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 files liability for intangible tax under a. 199.002,
 Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRABOWSKI, CAROL
 8320 W SUNRISE BLVD
 #206
 PLANTATION FL 33322

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

VT
 GRABOWSKI, GEORGE S
 151 LAKEVIEW DR., #101
 FT. LAUDERDALE FL 33326

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 at the receipt or filing; or I am 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

George S. Grabowski
 V.T.

Date

Signature Printed