FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:48

DOCUMENT # **G68117** **(2)**

1. Corporation Name
THE BEST LITTLE NAILHOUSE IN FLORIDA, INC.

Principal Place of Business	Mailing Address
450 LAKEVIEW DRIVE #1 ~~P.O. BOX 030643~~ FT. LAUDERDALE FL 33326 US	450 LAKEVIEW DRIVE #1 ~~P.O. BOX 030643~~ FT. LAUDERDALE FL 33326 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/07/1983	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2063 S Fed Hwy	26 450 Lakeview Dr
Suite, Apt. #, etc. 22 Ft. Lauderdale, Fl	Suite, Apt. #, etc. 27 Apt #1
City & State 23 33316 Broward	City & State 28 Ft. Lauderdale, Fla
Zip 24 / County 25	Zip 29 33326 / County 30 Broward

4. FEI Number: 59-2218846 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LAUREL, SALLIE 450 LAKEVIEW DRIVE #1 FT. LAUDERDALE FL 33326	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 _____ DATE
(Signature required if changing registered agent without prior signature) NOTE: Registered Agent signature required when new agent is designated

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	PSD ☒ Change ☐ Addition
NAME	PHILLIPS, SALLIE L.	12 NAME	Laurel, Sallie
STREET ADDRESS	2063 S FEDERAL HIGHWAY	13 STREET ADDRESS	same
CITY ST ZIP	FORT LAUDERDALE FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. To the best of my knowledge and belief, the information supplied with this filing is true and accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Sallie Laurel 4-9-95 (305) 523 0832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0234684 CP