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

APPROVED
AND
FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J37512** **(7)**

1. Corporation Name

TONYA'S NAIL FANTASY, INC.

Principal Place of Business	Mailing Address
11502 N. NEBRASKA AVE. SUITE 108 TAMPA FL 33612	11502 N. NEBRASKA AVE. SUITE 108 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1986**	3a. Date of Last Report: **01/20/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **59-2728141**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired: NO	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
ZIP 24	County 25	ZIP 29	County 30

8. This corporation has liability for intangible tax under s. 199.042, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOOVER, TONYA A. 120 E. 144TH AVE. TAMPA FL 33613	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 Section 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE: Tonya A. Hoover President 5/1/95

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
PSD HOOVER, TONYA A. 120 E 144TH AVENUE TAMPA FL	☐ Change ☐ Addition
V BRIGHT, DAVID E. 120 E 144TH AVENUE TAMPA FL	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 with an address.

SIGNATURE: Tonya A. Hoover President 5/1/95 (813) 979-4141
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0296483 CP

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MAY 27 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **J37576** **(2)**

1. Corporate Name:

NEW HARBOR FINANCIAL CORP. VIII

Principal Place of Business	Mailing Address
% CHARLES L. SIECK 6638 LAS FLORES DR. BOCA RATON FL 33433	% CHARLES L. SIECK 6638 LAS FLORES DR. BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/13/1986**

3a. Date of Last Report: **05/01/1994**

2. Principal Street Address — 21

2a. Mailing Address — 26

Suite, Apt. # or Bldg. — 22 / 27

City & State — 23 / 28

24 / 25 / 29 / 30

4. FEI Number: **59-2729253** — 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. The corporation is subject to provisions of Florida Statutes ☐ Yes **X** No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIECK, CHARLES L. 6638 LAS FLORES DR. BOCA RATON FL 33433	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 Section [illegible], 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. The name and address of the registered agent and the address of the registered office of this corporation, as changed, are set forth below.

SIGNATURE

12. OFFICER AND DIRECTOR DATA		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
Title	PST	Title	☐ Change ☐ Addition
Name	SIECK, CHARLES L.	Name	
Street Address	6638 LAS FLORES DR.	Street Address	
City-State-Zip	BOCA RATON FL	City-State-Zip	
Title	D	Title	☐ Change ☐ Addition
Name	SIECK, CHARLES L.	Name	
Street Address	6638 LAS FLORES DR.	Street Address	
City-State-Zip	BOCA RATON FL	City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-State-Zip		City-State-Zip	

14. I/We hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate. For penalty for the knowingly making a false statement, see Section 817.155, Florida Statutes. I further certify that the corporation named above has complied with the applicable provisions of Florida Statutes, including those pertaining to the designation of a registered agent, and I am familiar with and accept the duties and responsibilities as registered agent for the corporation. I further certify 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: CHARLES L. SIECK 5/17/95 (407) 395-5595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0280843 CP