**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 11 PM 3:36

DOCUMENT # **J63082** **(8)**

1. Corporation Name

**NEW IMAGES NAIL & CLOTHING BOUTIQUE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O CAROL KAYE<br>5656 S. FLAMINGO ROAD<br>COOPER CITY FL 33330<br>US | C/O CAROL KAYE<br>5656 S. FLAMINGO ROAD<br>COOPER CITY FL 33330<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/16/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 10044 GRIFFIN Rd
22: Suite, Apt. #, etc.
23: Cooper City FL
24: 33328 Zip
25: Country

2a. Mailing Address
26: 10044 GRIFFIN Rd
27: Suite, Apt. #, etc.
28: Cooper City FL
29: 33328 Zip
30: Country

4. FEI Number: 59-2789961 ☐ 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

KAYE, CAROL A.
5656 S. FLAMINGO RD
COOPER CITY FL 33330

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable): 10044 GRIFFIN Rd
93
94 City: Cooper City FL 95 Zip Code: 33328

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, type or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | | ☒ Change ☐ Addition |
| NAME | DELNICK, BEJAMIN | 12 NAME | | |
| STREET ADDRESS | 5656 S FLAMINGO RD | 13 STREET ADDRESS | 10044 GRIFFIN Rd | |
| CITY-ST-ZIP | COOPER CITY FL | 14 CITY-ST-ZIP | Cooper City, FL 33328 | |
| TITLE | P | 21 TITLE | | ☒ Change ☐ Addition |
| NAME | KAYE, CAROL | 22 NAME | | |
| STREET ADDRESS | 5664 S FLAMINGO RD | 23 STREET ADDRESS | 10044 GRIFFIN Rd | |
| CITY-ST-ZIP | COOPER CITY FL | 24 CITY-ST-ZIP | Cooper City FL 33328 | |
| 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. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 an attachment with an Address.

**SIGNATURE:** Carol Kaye 4/3/95 (305) 680-8910
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
CAROL KAYE

0036382 CP