FLORIDA'S NOT F...

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
Nov 25 1998 8:00 am
Secretary of State

DOCUMENT # **P93000022523 (3)**

Corporation Name
A'S NAILS INC.

Principal Place of Business	Mailing Address
1724 WEST PERDIZ STREET TAMPA FL 33612	1724 WEST PERDIZ STREET TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1993

4. FEI Number: 59-3170961 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country
25	26 / 27 / 28 / 29 / 30

9. Name and Address of Current Registered Agent

TRIEU, MINH
1724 WEST PERDIZ STREET
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name: NGA TRIEU
82 Street Address (P.O. Box Number is Not Acceptable): 13727 N. DALE MABRY
83
84 City: TAMPA FL 85 Zip Code: 33618

1. 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: NGA TRIEU X [signature] 11-24-98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	TRIEU, MINH	1.2 NAME	NGA TRIEU
STREET ADDRESS	1724 WEST PERDIZ STREET	1.3 STREET ADDRESS	13727 N. DALE MABRY
CITY-ST-ZIP	TAMPA FL 33612	1.4 CITY-ST-ZIP	TAMPA FL 33618
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	300002708863--5 -12/09/98--01113-006 *****61.25 *****61.25
TITLE	☐ DELETE	4.1 TITLE	☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	B 12/7/98 98AR
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

4. I 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 an attachment with an address.

SIGNATURE: X [signature] P ROS 11-24-98