

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90017 007 ***150.00

DOCUMENT # P94000004214

Corporation Name
SAINT ARMAND'S NAIL SALON, INC.

Principal Place of Business
BEE RIDGE RD.
FL 34233

Mailing Address
5625 BOULDER BLVD.
SARASOTA FL 34233
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/10/1994

4. FEI Number
65-0454078

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

9. Name and Address of Current Registered Agent

MARTINEZ, EDWARD E
1952 MAIN ST
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
MARTINEZ, EDWARD E.
82 Street Address (P.O. Box Number is Not Acceptable)
5625 BOULDER BLVD
83
84 City
SARASOTA FL 85 Zip Code
34233

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 true if applicable.

EDWARD E. MARTINEZ

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/99

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE:

KAREN R. MARTINEZ 5/1/99 377-4204