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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

Principal Plac	HAN TANNING & NAILS S.	Mailing Address 12959 FORESTEDGE CI			
SUITE 153	INGS FL 32708	ORLANDO FL 32828		DO NOT WRITE IN THIS	SPACE
US	12 32.00			3. Date Incorporated or Qualified	
				04/13/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3232454	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25	29	30		Yes No
	g. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Hegistered	Agent
GF	Regoire, ingrid a		81 Name		
12959 FORESTEDGE CIR			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
Of	RLANDO FL 32828				
			83		
			84 City	·	85 Zip Code
44 Durnuont	to the provinces of Continue CO7 REC	22 and CO7 1509 Florida Clatu	los the above named cor	FI rporation submits this statement for the purpose of	
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized by the corpora	ation's board of directors. I hereby accept the ap	pointment as registered
-	m tamikar with, and accept the oblig			O 5	100-101
SIGNATURE	Signalury typed or pented name of registrossi ap-		It Registered Agents greature requ		26170 00
12.	······································	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TALE	D	DELETE	1.1 TITLE		Change Addition
NAME	Gregoire, ingrid a		1.2 NAME		
STREET ADDRESS	12959 FORESTEDGE CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32828		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE		Change Addition
NAME	GREGOIRE, JAMES G		2.2 NAME		
STREET ADDRESS	12959 FORESTEDGE CIR		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ORLANDO FL 32828	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME I		ال مرتداد	3.1 III.E 3.2 NAME		LI CHARING LI MURICION
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change 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 ADORESS			5.3 STREET ADDRESS		İ
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition

14. Thereby 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 supplemented 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.

STREET ADDRESS

491,92

May 13 1998 8:00am

Secretary of State