

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 22 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000036693

1. Corporation Name

KIM'S NAUGHTY NAILS, INC

Principal Place of Business

Mailing Address

732 E MCNAB RD

SAME

POMPANO BEACH, FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/16/94

3a. Date of Last Report

NONE

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0530497

Applied For

Not Applicable

22. Suite, Apt. #, etc

27. Suite, Apt. #, etc

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

23. City & State

28. City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**JOSEPH C. BRICKETTO
7905 NW 83 ST
TAMARAC, FL 33321**

10. Name and Address of New Registered Agent

81. Name

KIMBERLY LOUCKS

82. Street Address (P.O. Box Number is Not Acceptable)

732 E MCNAB RD

83.

84. City

POMPANO BEACH

FL

85. Zip Code
33060

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

Kimberly Loucks

KIMBERLY LOUCKS

6/13/95

Signature typed or printed (Name of Registered Agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

P/D

NAME

JOSEPH BRICKETTO

STREET ADDRESS

7905 NW 83ST

CITY - ST - ZIP

TAMARAC, FL 33321

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P/D

1.2 NAME

KIMBERLY LOUCKS

1.3 STREET ADDRESS

732 E MCNAB RD

1.4 CITY - ST - ZIP

POMPANO BEACH, FL 33060

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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)(b), 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 in an attachment with an address.

SIGNATURE:

Kimberly Loucks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBERLY LOUCKS

6/13/95 305-763-8326

Signature 1 (Name)