

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:53

DOCUMENT # P94000046098 (7)

1. Corporation Name

THE NAIL ACADEMY NORTH, INC.

Principal Place of Business

409 MONTGOMERY ROAD
UNIT 131
ALTAMONTE SPRINGS FL 32714

Mailing Address

409 MONTGOMERY ROAD
UNIT 131
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

06-30-1995

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

57-3248439

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

7. This corporation has liability for intangible tax under C. 109.002,
Florida Statutes

☒ Yes ☐ No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SADRIANNA, JAMES V
7710 SUNDIAL LANE
ORLANDO FL 32819

81 Name

Barbara Reitz

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

1880 QUEENS COURT

83

84 City

KISSIMMEE

FL

85 Zip Code

32741-4105

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

Barbara Reitz
(Signature, typed or printed name of registered agent and the applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

4/30/95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

REITZ, BARBARA
1880 QUEENS CT.
KISSIMMEE FL 32742-1205

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

MORGAN, MARIA
8845 PARLIAMENT CT.
KISSIMMEE FL 34747

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: X

Barbara Reitz
(Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

4/30/95

System Name