## 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

DOCUMENT # P94000062158 (8)

HOLLYWOOD NAILS 2, INC.

**FILED** May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					· · · · · · · · · · · · · · · · · · ·		0111 <b>01110 11110</b> 11 <b>00</b> 1	11881 <b>Filo</b> t <b>(V</b>	A AUN
2423 & HIWASSE RD ORLANDO FL 32861 US		2423 S HIWASSE RD ORLANDO FL 32861 US			DO NOT WRITE	E IN THIS SPACE	<u>:</u>		
1 "		••				3. Date Incorporated or Qualified			
						08/17/1994			
	lace of Business	2a. Mailing Address		_		4. FEI Number		Applied	d For
21 1155		26 Same	<u> 25 4,</u>	ี 2		59-3263977		Not Ap	plicable
Suite, Apt.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	ty & State			6. Election Campaign Financing		5.00 May		
23 10NG Zip	ONGWOOD FL 28 Zip					Trust Fund Contribution		dded to Fe	
24 327	50 25 Saminole		Cour 30	шу		8. This corporation owes or has pa	·	ar Intangit No	
9. Name and Address of Current Registered Agent			30			Personal Property Tax due June  10. Name and Address of New Re			
111	JU, VAN	. I i i g i i i i i i i i i i i i i i i i		<b>B1</b> Nar	ne	WU, VAH	gistored Agent		
	-			• •					
5905 INTERNATIONAL DR ORLANDO FL 32861				B2 Stre	et Addre	ss (P.O. Box Number is Not Acceptal	SIAITO	0.1	
"	154150 1 2 5260 1		ļ.	B3		W 21 4/7	3//11/20	<u> </u>	
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			i	84 City	LON	14wood		Zip Code <b>22フ</b> ち	
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		inter				4	122198		
49	Signature, typed or prioted name of repoleted ages			Agent signa	alure required	when reinstating)	DATE	CTODC IN	
12.	D OFFIGERATION	OFFICE R8 AND DIRECTORS 13.		3. 1 TITLE		ADDITIONS/CHANGES TO OFFIC	Ch		Addition S
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CITY-ST-ZIP	ertify that the information supplied wit	h this filing does not quater to		r-ST-ZIP	lated in C	notion 110 07/9/6) Florido Ptot to 1	further continue	nt the infe-	matica
indicated	or ory trial the internation supplied wit	o ans ming boos not quality to	i ine exen	iibiiou si	ated in St	ection Tradition, Florida Statutes. I	imither certify the	ir rue intoti	mauon

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.