FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:40

DOCUMENT # **P94000072686 (6)**

1. Corporation Name
ADDICTED TO NAILS, INC.

Previous Principal Place of Business	Mailing Address
523 W. COLONIAL DRIVE ORLANDO FL 32804	523 W. COLONIAL DRIVE ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4143 W. VINE STREET	26 4143 W. VINE STREET
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 KISSIMMEE, FLORIDA	City & State 28 KISSIMMEE, FLORIDA
Zip / Country 24 34741 / 25	Zip / Country 29 34741 / 30

4. FEI Number: 59-3272664 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MALONE, J. MICHAEL 523 W. COLONIAL DRIVE ORLANDO FL 32804	81 Name: PEARSON, ANGEL B. 82 Street Address (P.O. Box Number is Not Acceptable): 4143 W. VINE STREET. 83 84 City: KISSIMMEE FL 85 Zip Code: 34741

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: ANGEL B. PEARSON — Angel B. Pearson — 5-26-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PTD NAME: PEARSON, ANGEL B STREET ADDRESS: 433 FOUNTAINHEAD CIRCLE, APT. 186 CITY-ST-ZIP: KISSIMMEE FL 34741	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: VSD NAME: CHOUDHARY, NAEEM STREET ADDRESS: 433 FOUNTAINHEAD CIRCLE, APT. 186 CITY-ST-ZIP: KISSIMMEE FL 34741	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: D NAME: HINES, JODIE P STREET ADDRESS: 4125 WILLINGTON WOODS DRIVE, # 204 CITY-ST-ZIP: KISSIMMEE FL 34741	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP ☐ Change ☐ Addition

REMITTED BY MAY 1

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 changed, or on an attachment with an address.

SIGNATURE: Angel Pearson — ANGEL B. PEARSON — 5/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005392 CP