

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

FILED  
Sep 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998.		FLORIDA DEPARTMENT OF STATE Sandra B. Morihaw Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000006931 (6)

1. Corporation Name

NAILS PLUS U.S.A., INC.

Principal Place of Business

1914 BOYSCOUT DR  
FT MYERS FL 33907

Mailing Address

4721 COUNTRY MANOR DR.  
SARASOTA FL 34233  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/26/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-5505015	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

Applied For  
Not Applicable

\$8.75 Additional  
Fee Required

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WISE, CARL  
4721 COUNTRY MANOR DR.  
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name WISE, CARL  
82 Street Address (P.O. Box Number is Not Acceptable) 2881 Clark Rd #3  
83  
84 City SARASOTA FL 85 Zip Code 34231

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WISE, CARL S	1.2 NAME	
STREET ADDRESS	2104 CLEMATIS ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

600002630796  
-09/02/98--01005--006  
\*\*\*150.00

14. I hereby 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 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 \_\_\_\_\_

CR2E034 (10/97)

(2)

Nails Plus USA, Inc  
2881 Clark Rd, #3  
Sarasota, FL 34231

August 23, 1998

Florida Dept of State  
Ref #: P95000006931

The form to file was not gotten to me in time to file. When I realized it would not get to me in time to file, I called and was told it had been sent to the wrong address. I was advised to send the \$150.00 with a note attached. I placed a note on the check and have since been told that it was probably thrown away and to write a letter when returning the \$150.00 check to you.



Carol Wise