

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000015873 (9)

1. Corporation Name

BEACHES NAIL SALON, INC.



Principal Place of Business

61 SOLANA ROAD
PONTE VEDRA BEACH FL 32082

Mailing Address

61 SOLANA ROAD
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

2200 S Third ST

27

JAX Beach

28

City & State

29

32250

30

DUVAL

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

4. FEI Number

59-3324600

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

PATTERSON, LAWRENCE R.
3010 SOUTH THIRD STREET
SUITE A
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature typed or printed name of registered agent and the corporation

(Print the Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME BUI, DAVID
STREET ADDRESS 2200 SOUTH THIRD STREET
CITY-ST-ZIP JACKSONVILLE BEACH FL 33502

TITLE ☐ DELETE

TITLE ☐ DELETE

TITLE ☐ DELETE

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TITLE ☐ DELETE

TITLE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME VICE PRESIDENT
13 NAME LIEN - N - BUI
14 STREET ADDRESS 61 SOLANA RD
15 CITY-ST-ZIP PONTE VEDRA, FL 32082

16 CITY-ST-ZIP ☐ Change ☐ Addition

17 CITY-ST-ZIP ☐ Change ☐ Addition

18 CITY-ST-ZIP ☐ Change ☐ Addition

19 CITY-ST-ZIP ☐ Change ☐ Addition

20 CITY-ST-ZIP ☐ Change ☐ Addition

21 CITY-ST-ZIP ☐ Change ☐ Addition

22 CITY-ST-ZIP ☐ Change ☐ Addition

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36 CITY-ST-ZIP ☐ Change ☐ Addition

37 CITY-ST-ZIP ☐ Change ☐ Addition

38 CITY-ST-ZIP ☐ Change ☐ Addition

39 CITY-ST-ZIP ☐ Change ☐ Addition

40 CITY-ST-ZIP ☐ 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 changed, or on an attachment with an address.

SIGNATURE:

LIEN - N - BUI V. P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 (904) 241-7181

Date Date Phone #

CR2E034 (12/95)