SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS Aug 09, 1999 8:00 am Secretary of State

FILED

08-09-1999 90002 033 ***150.00

1999 DOCUMENT # P96000014365

ALL ABOUT NAILS, INC.

1. Corporation Name

Principal Place of Business

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

3310 BAY TO BAY BLVD. 3310 BAY TO BAY BLVD. SUITE 104 SUITE 104 DO NOT WRITE IN THIS SPACE **TAMPA FL 33629 TAMPA FL 33629** 3. Date Incorporated or Qualified 02/15/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3351955 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country This corporation owes the current year Zip Country Intangible Personal Property. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SHAW, LISA M. Street Address (P.O. Box Number is Not Acceptable) 3310 BAY TO BAY BLVD. SUITE 104 83 **TAMPA FL 33629** 84 85 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE Change Addition TITLE DELETE SHAW, LISA M NAME 1.2 NAME 201 BELFORT PLACE 1.3 STREET ADDRESS STREET ADDRESS VALRICO FL 33594 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZiP 2.4 CITY-ST-ZIP Change Addition TITLE DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change DELETE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change TITLE DELETE 5.1 TITLE 5 2 NAME NAME 5.3 STREET ADDRESS

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 requirer or trustee emplowered 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 addressy

DELETE

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZiP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

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Change

July 29, 1999

Department of State 409 East Gaines Street Tallahassee, FL 32399

Re: All About Nails, Inc. FEIN 59-3351955

Dear Sir/Madame:

On April 4, 199, I mailed the completed Corporate Report along with check #1328 for \$150.00.

A few days ago I received a Notice from your agency indicating that you had not received the above. After checking with my bank, I learned the check had not yet cleared. I then called you agency and your instructed me to mail a new Corporate Report along with a check for \$150.00; I would not be penalized for filing "late."

If you have any questions, please do not hesitate to call me at (813) 839-9060.

Sincerely,

ALL ABOUT NAILS, INC.

M. Slay

Lisa Shaw President

Encls.