SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

TITLE

NAME

STREET ADORESS

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Oct 15 1998 8:00am

Secretary of State

Change Addition

41-591-2001

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000040564 (2)

GEM HAIR & NAIL SALON INC.

GLWT	THE CHAIL SALOR HOS							
Principal Plac	ce of Bus iness	Mailing Address			·	I HERTYNDH JIN HOURT BURK DOKUR BOUR ABERN DI	BRE MANAGEMENT	I B1440 B1111 B181 4081
10611 TAMIAN	II TRAIL NORTH A-2	10611 TAMIAMI TRAIL	NORTH A-2					
NAPLES FL 33963 NAPLES FL 33963						DO NOT WRITE IN THIS SPACE		=
						3. Date Incorporated or Qualified	IIS BEACI	<u> </u>
1						05/06/1996		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Applied For
21 26						65-0667112		Not Applicable
Suite, Apt	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		75 Additional
27						5. Certificate of Status Desired	Fe	e Regulred
City & Sta	ite	City & State				6. Election Campaign Financing		.00 May Be
23		28				Trust Fund Contribution		lded to Fees
Zip	Country 25	Zip	30	untry	,	8. This corporation owes or has paid the	cu rry nt yea 7 Yes	r Intangible
24	9, Name and Address of Cu		30	τ		Personal Property Tax due June 30. 10. Name and Address of New Register		No
140		ment registered rigent		81	Name	IV. Hallie and Address of Her Register	ou Agent	
	KAY, SHEILA K			_	<u> </u>			
675 104TH AVENUE NORTH NAPLES FL 33963				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
NAPLES PL 33963					ļ			·
}								
				84	City	F	85	Zip Code
office or	registered agent, or both, in the t am familiar with, and accept the o	State of Florida. Such change vobligations of, section 607.0505	vas authorize	d by	the corporati	ration submits this statement for the purpose o ion's board of directors. I hereby accept the ap	f cha nging p ointm ent	its registered as registered
	Signature, typed or printed name of registers				gent signature req	julied when reinstating) DATE		
12. TITLE	·	S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
NAME	PD DELETE			1.1 TITLE 1.2 NAME			L Cha	nge Addition
Į.	MCKAY, SHEILA K SS 675 104TH AVENUE NORTH			1.2 NAME 1.3 STREET ADDRESS				
STREET ADORESS CITY-ST-ZIP	NAPLES FL 33963	П	4		- 1			
TITLE	VD	DELETI		ity-s) Tle	1-411		Cha	noe Addition
NAME	MCKAY, MICHAEL D	[□ NETE II	2.2 N		1		∟ _ ∪na	inge III Moomidi)
STREET ADDRESS	(H	1		ADDRESS			
CITY-ST-ZIP	115 50 50 50 50 50 50 50 50 50 50 50 50 50			2.4 CITY-ST-ZIP		•	· (1)	
TITLE		DELET		_			Cha	nge Addition
NAME			3.2 N	AME				
STREET ADDRESS			3.3 \$1	REET	ADDRESS			ĺ
CITY-ST-ZIP			3.4 C	ITY-ST	r-ZIP			
TITLE		DELET	4.1 TI	TLE			Cha	nge Addition
NAME			4.2 N	AME				
STREET ADDRESS	· ·				ADDRESS			
CITY-ST-ZIP				ITY-ST	r-ZIP			
TITLE		DELETE	4				Cha	nge 🔲 Addilion
NAME			5.2 N)			Į
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP	1		5.4.0	TY-ST	C.710			

6.1 TITLE

6.2 NAME

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE