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

PROFIT CORPORATION **ANNUAL REPORT**

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000041724 (1) DOCUMENT #

PREMIER NAIL INSTITUTE, INC.

Principal Place of Business

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TOLE NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Mailing Address

1398 N.W. 14TH STREET **BOCA RATON FL 33486**

1398 N.W. 14TH STREET **BOCA RATON FL 33486**

FILED Apr 29 1998 8:00am Secretary of State



Change

Change

Change

Addition

■ Addition

Addition

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/15/1996 2. Principal Place of Business
421 S. Federal Hwy. 2a. Mailing Address 421 S. Federal Hwy. Applied For 26 21 Not Applicable 65-0701268 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be Election Campaign Financing Pompano Beach, 28 Trust Fund Contribution Added to Fees Pompano Beach, 8. This corporation owes or has paid the current year Intangible 33062 USA 33062 USA 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ZARTMAN, DONNA 1834 S.E. 7TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 POMPANO BEACH FL 33060 83 84 City 85 Zip Code 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE 1.1 TITLE Change Addition TITLE ZARTMAN, DONNA 1.2 NAME 1834 S.E. 7TH STREET STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELET**e** Change TITLE 21 TITLE ■ Addition NAME CRAWFORD, SUSAN 2.2 NAME STREET ADDRESS 1398 N.W. 14TH STREET 2.3 STREET ADDRESS CITY-ST-ZIP **BO**CA RATON FL 33486 2. 4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 attackment with an address

4.1 TITLE

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DONNA L. ZARTMAN, PRESIDENT