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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000058123 (6)

1. Corporation Name

BLOOMIN - NAILS & HAIR, INC.

Principal Place of Business

500 NORTH EAST THIRD AVENUE
FT. LAUDERDALE FL 33301

Mailing Address

500 NORTH EAST THIRD AVENUE
FT. LAUDERDALE FL 33301-3236

3. Date Incorporated or Qualified
07/08/1996

3a. Date of Last Report

4. FEI Number

FIN 65-0689215-

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

2. Principal Place of Business

21 10428W. Atlantic Blvd

Suite, Apt #, etc.

22 City & State

23 Coral Springs, Fl

24 Zip

33065

25 Country

USA

2a. Mailing Address

26 10438 W. Atlantic Blvd.

Suite, Apt #, etc.

27 City & State

28 Coral Springs, Fl

29 Zip

33065

30 Country

USA

9. Name and Address of Current Registered Agent

MILLER, JOEL
500 NORTH EAST THIRD AVENUE
FT. LAUDERDALE FL 33301

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 607.1508, 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)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME MILLER, JOEL
STREET ADDRESS 500 NORTH EAST THIRD AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL 33301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, SECY ☐ Change ☒ Addition
1.2 NAME MARILYN KRAMER
1.3 STREET ADDRESS 9340 SW 23ST #4302
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33324

2.1 TITLE ELAINE SICKLES ☐ Change ☒ Addition
2.2 NAME VP-TREASURER
2.3 STREET ADDRESS 1653 CORAL RIDGE DR.
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Marilyn Kramer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN KRAMER 4/7/97 934-344-9900
DATE Daytime Phone #

0255487

CR2E034 (9/96)