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Apr 09, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000066420

1. Corporation Name  
THE NAIL STOP, INC.



Principal Place of Business Mailing Address  
995 S.R. 434 NORTH ~~995 S.R. 434 NORTH~~  
SUITE 205 SUITE 205  
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714  
*Longwood, FL 32750*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 *Cabinet City* 26 *659 Longmeadow Circle*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 *187 W. Marvada* 27  
City & State City & State  
23 *Longwood FL* 28 *Longwood FL*  
Zip Country Zip Country  
24 *32750* 25 29 *32779* 30 *USA*

3. Date Incorporated or Qualified  
08/06/1996  
4. FEI Number 59-3394419 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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLER, BARRY L ESQ.  
230 E. MARKS STREET  
ORLANDO FL 32803  
*33 N Summerlin*

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
*33 N Summerlin*  
83  
84 City *Orlando* FL 85 Zip Code *32801*

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 PSVT ☐ DELETE  
NAME GREENBERG, SUSAN  
STREET ADDRESS 659 LONGMEADOW CIRCLE  
CITY-ST-ZIP LONGWOOD FL 32779  
TITLE D ☐ DELETE  
NAME GREENBERG, SUSAN  
STREET ADDRESS 659 LONGMEADOW CIRCLE  
CITY-ST-ZIP LONGWOOD FL 32779  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*SUSAN GREENBERG*

Date

Daytime Phone #

*3/24/99 (407)*