

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 20 1998 8:00am
Secretary of State

DOCUMENT # P96000081976 (8)

1. Corporation Name

ANGEL'S NAIL ACADEMY, INC.



Principal Place of Business

4350 W. WATERS AVENUE
#204
TAMPA FL 33614

Mailing Address

4350 W. WATERS AVENUE
#204
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1996

4. FEI Number

59-3425043

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

21 4350 W. WATERS AVE

Suite, Apt. #, etc.

22 204

City & State

23 TAMPA, FLORIDA

Zip

24 33614

Country

25 HILLS

2a. Mailing Address

26 4350 W. WATERS AVE

Suite, Apt. #, etc.

27 204

City & State

28 TAMPA, FLORIDA

Zip

29 33614

Country

30 HILLS

9. Name and Address of Current Registered Agent

NGUYEN, TRANS D
4350 W. WATERS AVENUE
#204
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

TRAN NGUYEN

82 Street Address (P.O. Box Number is Not Acceptable)

4350 W. WATERS AVE

83

Suite 204

84

City TAMPA

FL

85

Zip Code

33614

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]

(NOTE: Registered Agent signature required when reinstating)

JAN 6-98

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME NGUYEN, TRANS D
STREET ADDRESS 4350 W. WATERS AVENUE
CITY-ST-ZIP TAMPA FL 33614

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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.

SIGNATURE

[Signature]

JAN 6-98

CR2E034 (10/97)