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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90071 008 ***158.75

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DOCUMENT # P96000081976

1. Corporation Name

ANGEL'S NAIL ACADEMY, INC.



Principal Place of Business

**4350 W WATERS AVE
204
TAMPA FL 33614
US**

Mailing Address

**4350 W WATERS AVE
204
TAMPA FL 33614
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1996

2. Principal Place of Business

21 8405 N. HIMES AVE

2a. Mailing Address

26 8405 N. HIMES AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 106

27 106

City & State

City & State

23 TAMPA, FLORIDA

28 TAMPA, FLORIDA

Zip

Zip

Country

Country

24 33614

25 HILLS

29 33614

30 HILLS

9. Name and Address of Current Registered Agent

**TRANG, DOAN N
4350 W WATERS AVE
STE 204
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name

TRANG DOAN NGUYEN

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

8405 N. HIMES AVE

83

SUITE 106

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P ☐ Change ☐ Addition
NGUYEN TRANG DOAN
8405 N. HIMES AVE SUITE 106
TAMPA, FL 33614

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 14-99 (813)-930-9663
Date Daytime Phone #

CR2E034 (1/198)