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

DOCUMENT # P96000098682 (3)

FIRST NAIL & HAIR DESIGN, INC.

Principal Place of Business

Mailing Address

FILED Jan 26 1998 8:00am Secretary of State



	5 N. Davis Highw <i>i</i> Isacola fl 325 14	\Y		LA FL 32514						
	ONCOUNTE WORK		1 2,10,100					DO NOT WRITE	IN THIS SPACE	
								 Date Incorporated or Qualified 12/04/1996 	•	
2. P	rincipal Place of B	usiness	2a. Mailing	Address				4. FEI Number		Applied For
21	·		26					59-34 18346		Not Applicable
_	uite, Apt. #, etc.		Suite, /	Apt. #, etc.				5. Certificate of Status Desired		5 Additional
22			27						Fee	Required
	ity & State		City &	State				6. Election Campaign Financing		00 May Be
23			28					Trust Fund Contribution		ed to Fees
_	ip	Country	Zip	-	Cour	ntry		8. This corporation owes or has pa	chi.	Intangible
24		25 me and Address of Curre	29		30			Personal Property Tax due June 10. Name and Address of New Re		
			int negistered A	gent		B1 N	lame	IV. Haille and Addies of Hor Inc	gistored rigeric	
	TRAN, PHU									
		VIS HIGHWAY				82 5	Street Add	ress (P.O. Box Number is Not Acceptal	oie)	
	PENSACOL	A FL 32514				83				
						•				
					ľ	84 (City		FI 85 Z	ip Code
			00 1 007 1500	Florida Ctatulas	- 4b a ab			poration submits this statement for the p		n ite registered
11.	Pursuant to the pro office or registered	ovisions of Sections 607.05 Lagent, or both, in the Stat	02 and 607.1508 a of Florida. Such	, Fiorida Statutes r change was au	s, the ab ithorized	iove-n I by th	amed cor e corpora	tion's board of directors. I hereby acce	pt the appointment	as registered
	agent. I am familia	r with, and accept the obliq	gations of, Sectio	n 607. 0 505, Flori	ida Statu	ıtes.				
SIGI	NATURE			AIDTE	B			ired when reinstating)	DATE	
12.	Signature, t	ypod or printed name of registered as	VD DIRECTORS	do fiziti.	13.	Agents	agna:ure requ	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	1 70	OF TOLING A	VE DITE OTOTO	DELETE	1.1 10	ı F			Chang	
NAME	TOAL	I, PHUONG			1.2 NA					
		STANFORD ROAD				REET ADI	DRESS			
		BREEZE FL 32561-273	39			Y - ST - Z				
TITLE	5V 5V			DELETE	2.1 111		"		Chang	ge Addition
NAME	MOU	YEN, THUY H		_	2.2 NA					
		N DAVIS HWY				REET ADI	DRESS			
-		SACOLA FL 32514				TY-ST-				
TITLE	31-211			DELETE	3.1 TIT				Chang	ge 🔲 Addition
NAME					3.2 NA	ME				
	T ADDRESS				3.3 \$11	REET AD	DRESS			
-	ST-ZIP				3.4. CI	TY-ST-2	ZIP			
TITLE				DELETE	4.1 TiT				☐ Chan	ge 🔲 Addition
NAME					4. 2 N/	AME				
STREE	T ADDRESS				4.3 STI	REET AD	DRESS			
	ST-ZIP				4 4 CIT	Y-ST-2	ilb		Λ	
TITLE				DELETE	51 TII	LF			Z Chang	ge Addition
NAME					5.2 NA	ME			11 Sh 11	ni
STREE	T ADDRESS				5.3 ST	REET AD	DRESS		71)40	26
CITY-	ST-ZIP				5.4 CIT	Y-S1-Z	TIP .		$-j \circ i$	
TITLE				DELETE	61 TH	LF	T	10000241	E T E Chang	ge 🔲 Addition
NAME					62 NA	ME		-01/27/98010	18027	
STREE	T ADDRESS				6351	REET AD	DRESS	***150.00		
CITY-	ST-ZIP				64 CI	Y-S1-Z	ZIP			
- 4		t the information supplied	with this filing do	es not qualify for	the exe	mptio	n stated in	Section 119.07(3)(i), Florida Statutes.	further certify that	the information that I am an
	indicated on this a officer or director i	innual repor t or supplement of the corpo ration or the re	nai annuai report ceiver or trustee i	is true and accu empowered to e	rate and xecule t	nis rep	oort es rec	ure shall have the same legal effect as quired by Chapter 607, Florida Statutes;	and that my name	appears in
	Block 12 or Block	13 if changed, or on an att	achment with an	address.	1.		//		_	

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Sandra B. Mortham

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DIVISION OF CORPORATIONS

DOCUMENT # P96000098682 (3)

FIRST NAIL & HAIR DESIGN, INC.

Principal Place of Business Mailing Address

6245 N. DAVIS HIGHWAY
PENSACOLA FL 32514

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1996

					12/04/1996					
2.	Principal Place of Business	2a. Mailing Addr	ess		4. FEI Number		Applied For			
1		26			59-3418346	59-3418346				
2	Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
3	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
•	Zip Country 25	Zip 29	30 Cour	ntry	 This corporation owes or has paid the operation of the second Personal Property Tax due June 30. 	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
ROJE AL DALTO LIGHTALAV				B1	Name					
				82	2 Street Address (P.O. Box Number is Not Acceptable)					
				83						
			Ī	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.

agent. ra	im tamiliar with, and accept the obligations of,	Section 607.0505, Fig	orida Statutes.	
SIGNATURE	Signature, typod or profed name of registered agent and title if	Inoplicable (NOT)	E: Registered Agent signature requi	irod when reinstaunp) DATE
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO	☐ DELETE	1.1 TITLE	Change Addi
NAME	TRAN, PHUONG		1.2 NAME	
STREET ADDRESS	1431 STANFORD ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561-2739		1.4 CITY - ST - ZIP	
TITLE	8V	DELETE	2.1 TITLE	Change Addit
NAME	NGUYEN, THUY H		2.2 NAME	
STREET ADDRESS	6245 N DAVIS HWY		2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514		2. 4 CITY - ST - ZIP	
TITLE		DELETE	3.1 TITLE	Change Addit
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addit
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	<u> </u>		4 4 CITY-ST-ZIP	
TITLE		DELETE	51 TITLE	Change Addi
NAME			5.2 NAME	the ilas
STREET ADDRESS			5.3 STREET ADDRESS	71)426
CITY-ST-ZIP			54 CITY-ST-ZIP	\mathcal{P}_{l}
TITLE		DELETE	61 TITLE	
NAME			62 NAME	-01/27/9801018027
STREET ADDRESS			63 STREET ADDRESS	***150.00
CITY-ST-ZIP			64 CITY-ST-7IP	- HE THAT THE THE THE THE

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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is 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.

1-15-90 GEDWAND

2E034 (10/97)