**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000016683

1. Corporation Name

BELLA NAILS, INC.

**FILED** Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90201 031 \*\*\*150.00



Principal Place	of Business	Mailing Address			- I (40)(63) (40 (6)() (6)) (6)	.01 (1616 61116 6116)	10106 1111 1491
7362 W ATLANTIC BLVD 6023 N.W. 15TH COURT MARGATE FL 33063 MARGATE FL 33063					DO NOT WOLTE IN THE CRACE		
US					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 02/21/1997		
Principal Place of Business     2a, Mailing Address					4. FEI Number	<u> </u>	plied For
7280 W Atlantic Blvd 26					65-0726859		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			_		5. Certificate of Status Desired	\$8.75 A Fee Re	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	, ,	
Zip	Country		untry		8. This corporation owes the current year	Intangible	
3306	3 25 Broward	29 30			Personal Property Tax.	χΣχYes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
		•	81	Name			
BELL, GINA 6023 N.W. 15TH COURT MARGATE FL 33063			82	Street Ad	ess (P.O. Box Number is Not Acceptable)		
			83				
			84	City	F	<b>L</b> 85 Zip 0	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					ired when reinstating) DATE		
	Signature, typed or printed name of registered agent OFFICERS AND			nt signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	1PS IN 12
12.	D OFFICERS AND		TITLE		ADDITIONS/CHANGES TO CITICENS	Change	Addition
TITLE	-		NAME			_ ,	_
NAME	BELL, GINA			7.40000000		•	
STREET ADDRESS	6023 N.W. 15TH COURT			ADORESS			ì
CITY-ST-ZIP	MARGATE FL 33063		CITY-S TITLE	I-ZIP		Change	Addition
TITLE	D DIGHADD C	_					
NAME	BELL, RICHARD S		NAME				J
STREET ADDRESS	6023 N.W. 15TH COURT			TADDRESS			{
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NAME			NAME	1000000			
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NAME	,			TADODECC			
STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP			CITY-S	1-214	<del></del>	Change	Addition
TITLE					* * * * * * * * * * * * * * * * * * *	Dougida	
NAME			NAME				
STREET ADDRESS		6.3	STREE	TADORESS			J

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.