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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000016926

Tip Top NAILS, INC.

Principal Place of Business 4026 N. GOLDENROD Rd

WINTER PARK, FL 32792

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23 Zip

24

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

4026 N. GOLDEN ROD ROAD. WINTER PARK, FL 32792.

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/18/97 4. FEI Number Applied For Not Applicable 59-3433455 \$8.75 Additionat 5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible **™**No Personal Property Tax.

May 17, 1999 8:00 am Secretary of State

05-17-1999 90003 008 \*\*\*150.00

KITTERMAN, Kim A. 4026 N. GOLDENROD ROAD WINTER PARK, FL 32792

Country

9. Name and Address of Current Registered Agent

	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
24	City 95 Zin 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.

Country

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition □ DELETE ☐ Change 1.1 TITLE KITTERMAN, KIM ANH 12 NAME NAME 4026 N. GOLDENROD ROAD STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK, FL 32792 CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP □ DELETE ☐ Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETE ☐ Change ☐ Addition 41 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 61 DTLF Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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.

CITY-ST-ZIP

CR2E034