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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P97000028236

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90231 033 ***150.00

NAILS TI	HAT LAST , INC.							
Principal Place	e of Business	Mailing Address		_		E 1884 (1885 IIII) ARAN ABAN BRAN BRAN BRAN BRAN	/(88 1 18118 1188	/0 1111 1 0 111 1001
106 E. BLOOMINGDALE AVE. 1003 CHERWOOD LANE								
BRANDON FL 33511 BRANDON FL 33511						DO NOT WRITE IN THIS	SDACE	
						3. Date Incorporated or Qualifed	3FACE	
						03/28/1997		
2. Principal Pl	lace of Business	2a, Mailing Address		_		4. FEI Number	A	pplied For
21		26	 -			59-3434275	N	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23	-	28				Trust Fund Contribution		to.Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Inti	angible	
24	25	29	30			Personal Property Tax.	☐ Yes	X No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	
£1.05	DUDA INCORDODATORO INIC			81	Name			1
FLORIDA INCORPORATORS, INC.				82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	BRICKELL AVE. STE 900		L	_				
MIAN	MI FL 33131		-	83				
				84	City	FL	85 Zip	Code
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at tions of, Section 607.0505, Flor	ithorized ida Statu	by t	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the	ntment as re	agistered
12.	Signature, typed or printed name of registered ager OFFICERS AN	ID DIRECTORS	13.	- UB-11	agnatore require	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	PD	DELETE 1.1 TI			*	, , , , , , , , , , , , , , , , , , , ,	Change	
NAME	CARPENTER, DOROTHY		1.2 NA	1.2 NAME				-
STREET ADDRESS	1003 CHERWOOD LANE		1.3 STREET		ADDRESS			
CITY-ST-ZIP	BRANDON FL 33511		1.4 CITY-S		-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	☐ Addition
NAME	CARPENTER, CHARLES L		2.2 NAME					i
STREET ADDRESS	1003 CHERWOOD LANE			EET.	ADDRESS			
CITY-ST-ZIP	BRANDON FL 33511		2.4 CITY-S		T-ZIP	<u> </u>		
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAM	ΜE				
STREET ADDRESS			3.3 STF	REET	ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y- \$1	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NA					1
STREET ADDRESS			4.3 STF	REET	ADDRESS			[
CITY-ST-ZiP		——————————————————————————————————————	4.4 CITY-S		-ZIP			
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NA		4000000			
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP		□ BELETE	5.4 CIT 6.1 TITI		-ZIP		Change	Addition
TITLE		☐ DELETE	1				C) change	
NAME			6.2 NA	VIE.	Į			

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 chapter or on any attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Feb 15, 1999