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PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000046567 (8)

NAIL FAMOUS III, INC.

FILED
Apr 30 1998 8:00am
Secretary of State



Principal Place of Business	Mailing Address		
P.O. BOX 77-0398	P.O. BOX 77-0398		
CORAL SPRINGS FL 33077	CORAL SPRINGS FL	33077	
			DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified
2. Principal Place of Business	2a. Mailing Address		05/27/1997 4. FEI Number Applied For
21 ONE POMDAND SOVARE	26		TAPPING TO
Sulte, Apt. #, etc	Suite, Apt #, etc.	· · · · · · · · · · · · · · · · · · ·	SR 75 Additional
22	27		5. Certificate of Status Desired Fee Required
0: 00:	City & State		6. Election Campaign Financing \$5.00 May Be
23 Pompano Bach, Florida	28		Trust Fund Contribution Added to Fees
Zip Country 24 33067 25 USA	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 33067 25 USA 9, Name and Address of Current	29 Pagistared Agent	30	Personal Property Tax due June 30. Yes No
	Hohistelen Whelit	81 Name	10. Name and Address of New Registered Agent
VUONG, GARY 5844 N. SABLE CIRCLE			
MARGATE FL 33063		82 Street A	ddress (P.O. Box Number is Not Acceptable)
MANGATE PL 00000		83	
		84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607 1508, Florida Sta	tules, the above-named c	ornovation submits this statement for the purpose of changing its registered
 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat 	l Florida. Such change wa	s authorized by the corbo	relion's board of directors. I hereby accept the appointment as registered
SIGNATURE			
Signature, typed or printed name of registered agost		O'L Registered Agent signature re	equired when reinstating) DATE
12. OFFICERS AND	-	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	☐ DELET e	1.1 TITLE	Change Addition
NAME		1.2 NAME	YUONG, GHRY
STREET ADDRESS		1.3 STREET ADDRESS	YUONG, GARY 6844 N. SABLE CIRCL MARGATE, PL 33063
CITY-ST-ZIP TITLE	DELETE	1.4 C(TY - ST - ZIP 2.1 TITLE	MARGATE, PL 33063
NAME	□ pecetic	2.2 NAME	Change L. Addition
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 City-St-ZiP	. ×
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	_ ,
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CHTY - ST - ZIP	
TITLE	☐ DELET e	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP	D DELETE	5.4 CITY - ST - ZIP	
TIFLE	☐ DELETE	6.1 TITLE	Change Addition
NAME OTSET ADDRESS		6.2 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CHY-ST-ZIP		6.4 CITY - ST - ZIP	in Section 119.07(3)(i), Florida Statutes. I further certify that the information

indicated on this annual report of 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 of the recover of 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 charged, or on an attachment with an address.