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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000048345 (7)

PRETTY NAILS B JUDY INC.

## **FILED** Jan 27 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  |  |  |                           |               |   |                 |                |
|--|--|--|---------------------------|---------------|---|-----------------|----------------|
| TROG-WHISPER LANE WAY 11406 WHISPER LANE WAY |  |  |                           |               |   |                 |                |
| BOCA RATON FL 32428 BOCA RATON FL 33428      |  |  |                           |               | DO NOT WRITE IN THIS SPACE  |                 |                |
|  |  |  |                           |               |   | FACE            |                |
|  |  |  |                           |               | 3. Date Incorporated or Qualified 05/30/1997  |                 |                |
| 6 Dilyain of D                               | and of Dunings                                       | 2s. Mailing Address  |                           |               | 4. FEI Number   |                 | pplied For     |
|  | LYOUS RD   | H  |                           |               | 4. (Lindampe)   | 4-4-            | ot Applicable  |
| 21 / 3 4 /                                   |  | Suite, Apt. #, etc.  |                           |               |   |                 | Additional     |
| ——————————————————————————————————————       |  |  |                           |               | 5. Certificate of Status Desired  |                 | equired        |
| 22 27 City & State City & State              |  |  |                           |               | 6. Election Campaign Financing  |                 | May Be         |
| <b>─</b> ─~ <b>/</b> *:                      | . n' // (-)  -                                       |  |                           |               | Trust Fund Contribution   |                 | to Fees        |
| Zip  |  |  |                           | ,             | 8. This corporation owes or has paid the curr   |                 |                |
| 21 3306                                      |  |  |                           |               |   |                 | No.            |
|  | 9. Name and Address of Current                       | <u> </u>   |                           |               | 10. Name and Address of New Registered A  | gent            |                |
| DO   | NNENBERG, DONALD                                     |  | 81                        | Name          |   |                 |                |
| 11406 WHISPER LANE WAY                       |  |  |                           |               | Address (P.O. Box Number is Not Acceptable)   |                 |                |
| BOCA RATON FL 33428                          |  |  |                           | 3000          | Audiess (F.O. Box Number is Not Acceptable)   |                 |                |
|  |  |  | 83                        |               |   |                 |                |
| İ  |  |  |                           | 0             |   | Tabl 30         |                |
| 1  |  |  | 84                        | City          | FL  | <b>85</b>   Zip | Code           |
| 11. Pursuant                                 | to the provisions of Sections 607.0502               | and 607.1508, Florida Statutes,                                      | the abov                  | ı<br>e-named  |   | changing        | its registered |
| office or r                                  | egistered agent, or both, in the State of            | of Florida. Such change was auti<br>ions of Section 607 0505. Florid | horized by<br>la Statute: | y the cor     | corporation submits this statement for the purpose of poration's board of directors. I hereby accept the apporation's | intment as      | s registered   |
|  | in tarrinar with, and accept the obligar             | ions or, occiton con boos, Floric                                    | a blatato                 | J.            |   |                 |                |
| SIGNATURE                                    | Signature, typed or printed name of registered agent | and title (Lapplicable (NO1E: R                                      | egistered Ag              | ent signature | e required when reinstating) DATE   |                 |                |
| 12.  | OFFICERSIAND   |  | 13.                       |               | ADDITIONS/CHANGES TO OFFICERS AND   |                 |                |
| TITLE  | VICE PRES./SE  | €C. □ DELETE   | 1,1 TITLE                 |               | VIPRES/SEC. DOUGLE  | Change          | Addition       |
| NAME   | DONNENBERG, DONALD                                   |  | 1.2 NAME                  |               | DONUENDERS, DONALD.   | <b>!</b>        |                |
| STREET ADDRESS                               | 11406 WHISPER LAIKE WAY                              |  | 1.3 STREET                | ADDRESS       | BOCA RATION, FL 33428   | ,               |                |
| CITY-ST-ZIP                                  | BOCA RATON FL 33428                                  |  | 1.4 CITY - 9              | ST-ZIP        |   | _               |                |
| FITLE  | PRES/TREASURED DELETE 211                            |  | 2.1 TITLE                 |               | PRES/ TRANSURER   | Change          | Addition       |
| NAME   |  |  | 2.2 NAME                  |               | DONNENDERS DON BITH   | 41              |                |
| STREET ADDRESS                               | 11406 WHISPER LAS                                    | LE WAY   | 2.3 STREET                | ADDRESS       | 11428 10 HISBOR LAKE W  | <i>p</i> ⊷y     |                |
| CITY-ST-ZIP                                  | BOCA RATON, FL                                       | 33428  | 2. 4 CITY -               | ST - ZIP      | BOCA RATON, FL 33428  |                 |                |
| TITLE  |  | DELETE   | 3.1 TITLE                 |               | •   | Change          | Addition       |
| NAME   |  |  | 3.2 NAME                  |               |   |                 | ļ              |
| 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       |   |                 | İ              |
| CITY-ST-ZIP                                  |  |  | 4.4 CITY-5                | ST-ZIP        |   | <del></del>     |                |
| TITLE  |  | L DELETE   | 5.1 TITLE                 |               |   | Change          | Addition       |
| NAME   |  |  | 5.2 NAME                  |               |   |                 |                |
| STREET ADDRESS                               |  |  | 5.3 STREET                | ADDRESS       |   |                 | İ              |
| CITY-ST-ZIP                                  |  |  | 5.4 CITY - S              | ST-ZIP        | ,   |                 |                |
| TITLE  |  | ☐ DELETE   | 6.1 TITLE                 |               |   | Change          | Addition       |
| NAME   |  |  | 6.2 NAME                  |               |   |                 |                |
| STREET ADDRESS                               |  |  | 6.3 STREET                | ADDRESS       |   |                 |                |
| CITY-ST-ZIP                                  |  |  | 6.4 CITY-5                |               |   |                 |                |
| 14 I hereby (                                | ertify that the information supplied will            | h this filing does not qualify for t                                 | he exemr                  | tion stat     | ed in Section 119.07(3)(i), Florida Statutes. I further cer   | tify that th    | e information  |

Indicated on this annual report or supplied with this little described and accurate and that my signature shall have the same legal offect 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 changes, or on an attachment with an address.