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 #
1. Corporation Name

P97000056945 (3)

BLOOMINGNAILS, INC.

FILED Apr 28 1998 8:00am Secretary of State



	-									
Principal Place of Business Mailing Address							leta sulbr Billia bi	18 18 111 W.C	10) D.(1) 1001	
471 GREENW		471 GREENWOOD LANE								
KISSMIMEE I	FL 3474 6-4917	KISSIMMEE FL 34746-4917				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualified				
·						06/27/1997				
	Place of Business	2a. Mailing Address				4. FEI Number		A	oplied For	
21 Suite Ant	# ato	Suite Ant 4 ato				59-3476204			ot Applicable	
Suite, Apt.	#, BIC.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
City & Stat	la .	City & State				A Florida Accessor Florida		 	pquired	
23		28			1	6. Election Campaign Financing Trust Fund Contribution		Added	May Be	
Zip	Country	Zip	Counti	у		8. This corporation owes or has p				
24	25		30			Personal Property Tax due June 30. Yes No				
~~~~	9. Name and Address of Current	Registered Agent				0. Name and Address of New P	egistered Age	nt		
J <b>ordan</b> , Edward P II				I Name	8					
	543 E. HWY. 50		8	2 Stree	t Address	Address (P.O. Box Number is Not Acceptable)				
CL	ERMONT FL 34711			<u> </u>						
			8	<b>'</b>					ľ	
			84	City			FL	5 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abo	/e-name	d corpora	tion submits this statement for the		anging it	s registered	
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  SIGNATURE  On the type of printed name of registered agent and little 4 applicable. (NOTE: Registered Agent signature required when reinstaining)  DATE										
12.	OFFICERS AND		13.	gent signatu	ira required w	ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTOR	IS IN 12	
TITLE	PRESIDENT DELETE			1.1 TITLE 1/11		PRESIDENT		Change	Addition	
NAME	ADELE GUADAGNO		1.2 NAME		MA	RY STALLONG		•	<u> </u>	
STREET ADDRESS	STREET ADDRESS 471 GREENWOOD LN.			T ADDRESS	480	WINDGROVE BLVD.				
CITY-ST-ZIP	KISSIMMER FLA 3	4746-4917	1.4 CITY-	ST-ZIP	ope	ANDO PCA. 32819				
TITLE	TROASURER	2.1 TITLE					Change	Addition		
NAME	PLICHARD GUADAGIA		2.2 NAME							
STREET ADDRESS	471 GREENWOOD EN.		2.3 STREE	1 ADDRESS						
CITY-ST-ZIP	KISSIMMED FLA. 3VN		2. 4 CITY	-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE					Change	Addition	
NAME			3.2 NAME						ŀ	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-	ST-ZIP		#	<u> </u>	Change	Addition	
NAME			4.1 IIILE 4.2 NAMI		1		L	OLIGH INC	AUGICIOII	
STREET ADDRESS			1	: T address						
CITY-ST-ZIP	-		4.4 CITY-							
TITLE		DELETE	5.1 TITLE	O1. Fil.	+		П	Change	<b> </b>	
NAME			5.2 NAME						00	
STREET ADDRESS				T ADDRESS			7	4	86	
CITY-ST-ZIP			5.4 CITY -				• /	ļ		
TITLE		DELETE	6.1 TITLE	- · - ·				Change	☐ Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADDRESS				د 13		
CITY-ST-ZIP	<u> </u>		6.4 CITY-		1		() ~ m	YS.	$1 \cap C$	
	certify that the information supplied with	this filing does not qualify for	the exemi	otion sta	ted in Sec	tion 119.07(3)(i). Florida Statutes.	44 her clamy	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 truptee 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, upon an attachment with an address.