

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90112 045 \*\*\*150.00

DOCUMENT # P97000056945

1. Corporation Name  
BLOOMINGNAILS, INC.



Principal Place of Business

~~471 GREENWOOD LANE~~  
~~KISSIMMEE FL 34746-4917~~

Mailing Address

~~471 GREENWOOD LANE~~  
~~KISSIMMEE FL 34746-4917~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1997

4. FEI Number

59-3476204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4807 WINDGROVE BLVD.

Suite, Apt. #, etc.

22

City & State

23 ORLANDO FLA.

Zip

24 32819

Country

25 UNITED STATES

2a. Mailing Address

26 4807 WINDGROVE BLVD.

Suite, Apt. #, etc.

27

City & State

28 ORLANDO FLA.

Zip

29 32819

Country

30 UNITED STATES

9. Name and Address of Current Registered Agent

JORDAN, EDWARD P II  
13543 E. HWY. 50  
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME GUADAGNO, ADELE  
STREET ADDRESS 471 GREENWOOD LANE  
CITY-ST-ZIP KISSIMMEE FL 34746-4917  
ADDRESS CHANGE

TITLE T  
NAME GUADAGNO, RICHARD  
STREET ADDRESS 471 GREENWOOD LANE  
CITY-ST-ZIP KISSIMMEE FL 34746-4917  
ADDRESS CHANGE

TITLE V  
NAME STALLONE, MARY  
STREET ADDRESS 4807 WINDGROVE BLVD.  
CITY-ST-ZIP ORLANDO FL 32819

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME GUADAGNO ADELE  
1.3 STREET ADDRESS 208 RIDGE VIEW DRIVE  
1.4 CITY-ST-ZIP DAVENPORT FLA. 33837-5566

2.1 TITLE T  
2.2 NAME GUADAGNO RICHARD  
2.3 STREET ADDRESS 208 RIDGE VIEW DRIVE  
2.4 CITY-ST-ZIP DAVENPORT FLA. 33837-5566

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99

407-523-8998

CR2E034 (11/98)

0506.034