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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P97000059089**

Corporation Name

TIPS AN	D TOES NAIL SALC	ON, INC.								
							 	COLUMBIA (COLUMBIA)	614 <b>6</b>   614 <b>664</b>	( <b>4</b> 84
Principal Plac	e of Business	Mai	iling Address							18114 1811 1941
8143 NAVARRE PARKWAY 8143 NAVARRE PARKWAY										
NAVARRE FL 32566 US US							DO NOT W	RITE IN THIS	SSPACE	
US		05					3. Date Incorporated or Qualife			
							07/03/1997			
2 Principal P	Place of Business	2a.	Mailing Address				4. FEI Number		An	plied For
21	AUG OF BUSINESS	26					59-3336848			t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						\$8.75 A	
22		27					5. Certificate of Status Desired		Fee Re	quired
City & Stat	te		City & State				6. Election Campaign Financin	9 [	\$5.00	May Be
23		28					Trust Fund Contribution	U	Added t	o Fees
Zip	Country		Zip	Coun	itry		8. This corporation owes the co	ırrent year İn		-
24	25	29		30			Personal Property Tax.			□No
	9. Name and Address	s of Current Regist	ered Agent		81 Na		10. Name and Address of Nev	Registered	Agent	_
HALL	L, SHERRY			[	Na Na	me				
	PIPPIN DR.			1	B2 Str	eet Addre	ss (P.O. Box Number is Not Acce	otable)		
	Y ESTHER FL 32569			-	83					
***************************************	TESTILITIE SESSE	•		ľ	53					
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11. Pursuant	to the provisions of Section	ns 607.0502 and 60	7.1508, Florida Statut	es, the ab	ove-nar	ned corpoi	ation submits this statement for the statement of directors. I hereby according to the statement of the statement for the statement of the sta	e purpose o	changing its	registered
office or n	egistered agent, or both, it m familiar with land-orcen	n the State of Florida t the obligations of t	a. Such change was at Section 607.0505-Flo	utho <del>rized</del> rida Statul	es.	Orporation	's board of directors. I hereby acc	epi the appo	intment as reg	gistered
	and the state of the state of								7 / 2	
	1)4n1	TAR ON	art On	Mid	in k			4/1/9	9	!
SIGNATURE	Signature, typed or printed name of	registered guern and title in	epplicable. NOTE	Registered A	INT	$\sim$	when reinstaurig)	4///9 DATE	7	
	Signature, typed or printed name of	Word	epplicable / (NOTE	Registered A	M gent signa	$\sim$		4///9 DATE	7 ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of PSTD	registered guern and title in	epplicable. NOTE	13.	(M) igent signa	$\sim$	when reinstaurig)	4///9 DATE	7	
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of OPTI PSTD HALL, SHERRY	registered guern and title in	epplicable / (NOTE	Registered A  13.  1.1 TITL  1.2 NAA	LMA Igent signa E IE	tere required	when reinstaurig)	4///9 DATE	7 ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of OPTI PSTD HALL, SHERRY 116 PIPPIN DR.	registered flower and title in	epplicable / (NOTE	13. 1.1 TITL 12 NAA 1.3 STR	LANGE SIGNA E E E E E T A D O R	tere required	when reinstaurig)	4///9 DATE	7 ND DIRECTO	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of OPTI PSTD HALL, SHERRY	registered flower and title in	repolicable NOTE  CTORS  DELETE	13. 1.1 TITL 12 NAA 1.3 STR 1.4 CIT	E E EET ADOR	tere required	when reinstaurig)	4///9 DATE	ND DIRECTO ☐ Change	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of OPTI PSTD HALL, SHERRY 116 PIPPIN DR.	registered flower and title in	epplicable / (NOTE	13. 1.1 TITL 12 NAA 1.3 STR 1.4 CITL 2.1 TITL	E EET ADOR	tere required	when reinstaurig)	4///9 DATE	7 ND DIRECTO	RS IN 12
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14. I hereby certify that the information supplied with this filling 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:

CHATTER STORED PRESIDENT 4/1/99

850-939-8878

CR2E034 (11/0