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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000091856 (9)

1. Corporation Name

NAILS BY GLORIA, INC.



Principal Place of Business

Mailing Address

3556 WINDJAMMER CIRCLE #1002
NAPLES FL 34112

3556 WINDJAMMER CIRCLE #1002
NAPLES FL 34112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

59-3473667

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 89 9TH ST. South
Suite, Apt. #, etc.

22

City & State

23 Naples FL

24 Zip 34102

25 Country USA

2a. Mailing Address

26 4600 YACHT HARBOR DR.
Suite, Apt. #, etc.

27

City & State

28 Naples, FL

29 Zip 34112

30 Country USA

9. Name and Address of Current Registered Agent

SALINARD, GLORIA
3556 WINDJAMMER CIRCLE #1002
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name

SALINARD, GLORIA

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

4600 YACHT HARBOR DR.

83

84 City

Naples

FL

85 Zip Code

34112

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 ☐ DELETE

D
NAME SALINARD, GLORIA
STREET ADDRESS 3556 WINDJAMMER CIRCLE #1002
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ DELETE

D
NAME SALINARD, ROBERT
STREET ADDRESS 3556 WINDJAMMER CIRCLE #1002
CITY-ST-ZIP NAPLES FL 34112

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 4600 YACHT HARBOR DR.
1.4 CITY-ST-ZIP Naples FL 34112

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4600 YACHT HARBOR DR.
2.4 CITY-ST-ZIP Naples FL 34112

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: Robert J. Salinard Robert J. SALINARD 1-12-98 941-774-9385

CR2E034 (10/97)