FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90015 050 ***150.00

...ION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1999.
...(IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $550

...ION REPORT
1999

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

DOCUMENT # P97000018S6

Corporation Name
NAILS BY GLORIA, INC.

Principal Place of Business
NAPLES, FL.

Mailing Address
2346 RIVER REACH DR.
NAPLES, FL. 34104

Principal Place of Business	26 Mailing Address
Suite, Apt. #, etc	27 Suite, Apt. #, etc
City & State	28 City & State
Zip / 25 Country	Zip / 29 Country 30

3. Date Incorporated: 10-24-97 — 3a.
4. FEI Number: 59-3473667
5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required
9. Election Campaign Financing Trust Fund Contribution: ☐ $5.00 May Be Added to Fee
8. This corporation has ... Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
GLORIA SALINARD
2346 RIVER REACH DR.
NAPLES, FL. 34104

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. box number is not acceptable)
83
84 City — 85 FL

1. 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: Robert Salinard, V-Pres
(If changing registered agent, new registered agent must sign.) (NOTE: Required if any box in item 9 or item 10 is changed.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GLORIA SALINARD 2346 RIVER REACH DR. PRES. NAPLES FL. 34104 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert J. SALINARD VICE PRES. 2346 RIVER REACH DR. Naples, FL. 34104 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Add

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with an address.

SIGNATURE: Robert Salinard, V.P. Robert J. SALINARD, Vice Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR