SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 05 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 # P97000095194

1. Corporation Name
Vital Image Nails

Principal Place of Business / Mailing Address
14418 N. Dale Mabry
Tampa, FL. 33618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: 11-5-97

4. FEI Number: 59-3479974 ☐ 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

9. Name and Address of Current Registered Agent

Brenda Dellapenna
23005 Mayfair Road
Land O'Lakes, FL. 34639-6152

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Brenda Dellapenna	1.2 NAME	
STREET ADDRESS	23005 Mayfair Road	1.3 STREET ADDRESS	
CITY-ST-ZIP	Land O'Lakes, FL. 34639	1.4 CITY-ST-ZIP	
TITLE	Vice-President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Michael Dellapenna	2.2 NAME	
STREET ADDRESS	23005 Mayfair Road	2.3 STREET ADDRESS	
CITY-ST-ZIP	Land O'Lakes, FL 34639	2.4 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Brenda Dellapenna	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP	Same as above	3.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Michael Dellapenna	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	Same as above	4.4 CITY-ST-ZIP	
TITLE	Financial Advisor ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Pat Riolo	5.2 NAME	700002656517
STREET ADDRESS	2690 East Lake Trail	5.3 STREET ADDRESS	-10/06/98--01026--004
CITY-ST-ZIP	Tarpon Springs, FL. 34689	5.4 CITY-ST-ZIP	***61.25
TITLE	Book Keeper ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Pat Riolo	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	Same as above	6.4 CITY-ST-ZIP	

CR2E034 (5/98)

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: Brenda Dellapenna Brenda Dellapenna 9-6-98 813-963-6772