

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

DOCUMENT # P97000097858

1. Corporation Name

PAYLESS NAILS & TANNING, INC.

Principal Place of Business

**23249 BARWOOD LN. #307
BOCA RATON FL 33428**

Mailing Address

**23249 BARWOOD LN. #307
BOCA RATON FL 33428**

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90015 009 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1997

4. FEI Number

65-0803308

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 21655 STATE ROAD 7

2a. Mailing Address

26 21655 STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 BOCA RATON FL.

City & State
28 BOCA RATON FL.

Zip Country
24 33428 25 W.P.B.

Zip Country
29 33428 30 W.P.B.

9. Name and Address of Current Registered Agent

**BOREK, LEOKADIA
23249 BARWOOD LN, #307
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent

**81 Name BOREK, LEOKADIA
82 Street Address (P.O. Box Number is Not Acceptable)
23249 BARWOOD LN #307
83
84 City BOCA RATON FL 85 Zip Code 33428**

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 **Leokadia Borek**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-2-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD BOREK, LEOKADIA**
STREET ADDRESS **23249 BARWOOD LN #307**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ DELETE
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NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **Leokadia Borek**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-99 (561) 477-0301

Date

Daytime Phone #

CR2E034 (11/98)