

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90056 049 \*\*\*\*35.00  
 03-02-1999 90056 050 \*\*\*115.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000103327

1. Corporation Name  
 PRO NAILS -N- TANNING, INC.

Principal Place of Business Mailing Address  
 1096 COMMERCIAL WAY 1096 COMMERCIAL WAY  
 SPRING HILL FL 34606 SPRING HILL FL 34606  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/08/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3477212	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 25		29 30		<input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax.	
ALLAN, KATHERINE M 1096 COMMERCIAL WAY SPRING HILL FL 34606				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALLAN, KATHERINE M 1096 COMMERCIAL WAY SPRING HILL FL 34606				81 Name			
				PITARYS, JOANNE D.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				4611 LAKE IN THE WOODS DRIVE			
				83			
				BUS- 1096 COMMERCIAL WAY, SPRING HILL, FL. 34606			
				84 City		85 Zip Code	
				SPRING HILL		FL 34607	

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: *Joanne D. Pitarys Pres.* DATE: 1-20-99  
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	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT, TREASURER PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN, KATHRINE M	1.2 NAME	PITARYS, JOANNE D.
STREET ADDRESS	5787 CACTUS CIR	1.3 STREET ADDRESS	4611 LAKE IN THE WOODS DRIVE
CITY-ST-ZIP	SPRING HILL FL 34606	1.4 CITY-ST-ZIP	SPRING HILL, FLORIDA 34607
TITLE	VPSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT, SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN, JOHN S	2.2 NAME	PITARYS, CHRISTOS J. (VPSD)
STREET ADDRESS	5787 CACTUS CIR	2.3 STREET ADDRESS	4611 LAKE IN THE WOODS DRIVE
CITY-ST-ZIP	SPRING HILL FL 34606	2.4 CITY-ST-ZIP	SPRING HILL, FLORIDA 34607
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Joanne D. Pitarys Pres.* DATE: 1-20-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)