


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90182 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000008679

1. Corporation Name

NAILS & MORE OF FLORIDA, INC.

Principal Place of Business

9101 JOHNSON ST.
PEMBROKE PINES FL 33024

Mailing Address

9101 JOHNSON ST.
PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

65-0829077

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. 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 8978 TAP+ Street

Suite, Apt. #, etc.

2a. Mailing Address

26 8978 TAP+ Street

Suite, Apt. #, etc.

City & State

23 Pembroke Pines FL

Zip

24 33024

Country

25 USA

City & State

28 Pembroke Pines FL

Zip

29 33024

Country

30 USA

9. Name and Address of Current Registered Agent

RUSHER, KAREN
9101 JOHNSON ST.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name

Karen Rusher

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

888 NW 133rd Ave

83

84 City

Pembroke Pines

FL

85 Zip Code

33028

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



(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME RUSHER, KAREN
STREET ADDRESS 9101 JOHNSON ST.
CITY-ST-ZIP PEMBROKE PINES FL 33024TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PST ☒ Change ☐ Addition

1.2 NAME Karen Rusher

1.3 STREET ADDRESS 888 NW 133rd Ave

1.4 CITY-ST-ZIP Pembroke Pines FL 33028

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (11/98)