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 # P98000039860

1. Corporation Name

EXQUISITE NAILS+, INC.

Principal Place of Business

Mailing Address

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

05-10-1999 90224 030 ***150.00



221 WEST HALI HALLANDALE F	LANDALE BEACH BLVD. L 33009-5307	221 WEST HALLANDALE BE HALLANDALE FL 33009-5307			DO NOT WRITE IN THIS 3. Date Incorporated or Qualifed 04/30/1998	SPACE	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	I A	pplied For
21 120 NE 1 AVENUE 26 - Same						_ N	lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	Additional
22 27					5. Certificate of Status Desired	_ Fee R	tequired
City & State City & State City & State 23 HA/landa/e FL 28			ite		6. Election Campaign Financing Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	
Zip Country Zip 24 33009 25 Browned 29 30					1 t biboliai i i i politi i i i i i i i i i i i i i i i i i i	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		·	10. Name and Address of New Registered A	Igent	
DEN	NADD CATINA		81	Name			,
DENNARD, CATINA 221 WEST HALLANDALE BEACH BLVD.				Street Address (P.O. Box Number is Not Acceptable)			
HALLANDALE FL 33009-5307			83				
			84	City	FL	85 Zip	Code
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligate signature, typed or printed name of registered agent	of Florida. Such change was au ions of, Section 607.0505, Flori	thorized by ida Statutes	the corpora	proration submits this statement for the purpose of ortion's board of directors. I hereby accept the appoint	tment as r	egistered
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS ANI	DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	
NAME	DENNARD, CATINA		1.2 NAME				
STREET ADDRESS	221 WEST HALLANDALE BEAC	H BLVD.	1.3 STREE	ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009-5307		1.4 CITY-S	T-ZIP			į
TITLE	D	☐ DELETE	2.1 YITLE			☐ Change	Addition
NAME	HURLBURT, SUZANNE		2.2 NAME	}			ļ
STREET ADDRESS	221 WEST HALLANDALE BEAC	H RI VD.		r ADDRESS			•
CITY-ST-ZIP	HALLANDALE FL 33009-5307		2. 4 CITY+5	1)
TITLE	THREE TE GOOD GOO!	☐ DELETE	3.1 TITLE	,,-2,,		Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			3.4. CITY-S				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME	•		4. 2 NAME				
STREET ADDRESS			1	ADDRESS			
			4.4 CITY-S	ļ	•		
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME		<u> </u>	5.2 NAME				_
1 "				r ADDRESS			
STREET ADDRESS			5.4 CITY-S	-			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	+		Change	☐ Addition
TITLE		C PELETE	6.2 NAME	1			
NAME				FADDRESS (
STREET ADDRESS							İ
CITY-ST-ZIP			6.4 C/TY-S	1-ZiP			

14. I hereby certify that the information supplied with this filing does not qualify fenthe 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: