

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90107 023 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000059867

1. Corporation Name
SUNNY NAILS SALON, INC.



Principal Place of Business 5309 S. SANTA MONICA BLVD. JACKSONVILLE FL 32207	Mailing Address 5309 S. SANTA MONICA BLVD. JACKSONVILLE FL 32207
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/06/1998	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3520463	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 9550 BAYMEADOWS RD Suite, Apt. #, etc. 22 STE 10 City & State 23 JACKSONVILLE, FL Zip 24 32256	2a. Mailing Address 26 9550 BAYMEADOWS RD Suite, Apt. #, etc. 27 STE 10 City & State 28 JACKSONVILLE, FL Zip 29 32256
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9. Name and Address of Current Registered Agent NGUYEN, NGOC 5309 SOUTH SANTA MONICA BLVD. JACKSONVILLE FL 32207	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NGUYEN, NGOC		1.2 NAME	
STREET ADDRESS 5309 S. SANTA MONICA BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32207		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LE, HANH		2.2 NAME	
STREET ADDRESS 5309 S. SANTA MONICA BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32207		2.4 CITY-ST-ZIP	
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: _____ DATE: **03/16/99** DAYTIME PHONE #: _____

CR2E034 (1/198)