

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90001 031 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P98000102789

1. Corporation Name

TEN MINUTE MANICURE COMPANY

Principal Place of Business

7901 SW 59 AVE
MIAMI FL 33143

Mailing Address

7901 SW 59 AVE
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1998

4. FEI Number

☒ 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. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

P.O. Box 431811

South Miami, Florida

33243

USA

9. Name and Address of Current Registered Agent

BRENNAN, J. LORRAINE
WOMACK, APPLEBY & BRENNAN, P.A.
7700 N. KENDALL DR., STE. 705
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

Brennan, Lorraine O'Neil Esq.

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

Womack, Appleby and Brennan P.A.

83

7700 N. Kendall Drive Ste 705

84 City

Miami

FL

85 Zip Code

33156

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-20-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME BRENNAN, J. LORRAINE
STREET ADDRESS 10755 SW 52 TERR
CITY-ST-ZIP MIAMI FL 33165

TITLE D ☐ DELETE
NAME JANSON, KAREN
STREET ADDRESS 7901 SW 59 AVE
CITY-ST-ZIP MIAMI FL 33143

TITLE D ☐ DELETE
NAME JIMENEZ, VIVIAN
STREET ADDRESS 5332 NW 113 PL
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME O'Neil, Lorraine Brennan
1.3 STREET ADDRESS 701 SE 6 ST
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33301-3408

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.

SIGNATURE

SIGNATURE: Lorraine Brennan O'Neil

8-20-99

305-279-2130

CR2E034 (5/99)