

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

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

05-10-1999 90094 035 ***150.00

DOCUMENT #: V10977

1. Corporation Name

FASHION NAILS, INC.

Principal Place of Business

ONE SE 3RD AVE
27TH FLOOR
MIAMI FL 33131
US

Mailing Address

ONE SE 3RD AVE
27TH FLOOR
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1992

4. FEI Number
65-0314180

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 9119 W. VETERANS DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 9119 W. VETERANS DR.
Suite, Apt. #, etc.

City & State

23 HOMOSASSA, FL

Zip Country

24 34448 25 USA

City & State

28 HOMOSASSA, FL

Zip Country

29 34448 30 USA

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES INC
ONE SE 3RD AVE
26TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name MARTIN FLEIT
82 Street Address (P.O. Box Number is Not Acceptable)
320 BRICKELL KEY DR, # A201
83
84 City Miami FL 85 Zip Code 33131

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

Martin Fleit MARTIN FLEIT

4-28-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD
NAME JENKINS, NEVIN C.
STREET ADDRESS 132A
CITY-ST-ZIP HOMOSASSA FL

TITLE DS ☐ DELETE

NAME FLEIT, MARTIN
STREET ADDRESS 520 BRICKELL-KEY DRIVE, #A-20
CITY-ST-ZIP MIAMI FL

TITLE DVP ☐ DELETE

NAME HAGAR, GREGORY BRANNE
STREET ADDRESS 950 W MAIN ST
CITY-ST-ZIP INVERNESS FL

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 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4/30/99 352-564-8599

Date Daytime Phone #

CR2E034 (1/98)

0185930