## 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 # **V14974**

1. Corporation Name

STRICTLY NAILS, INC.

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90041 038 \*\*\*150.00



Principal Place	of Business	Mailing Address		1 (MAIL ALIANT HAIL RIBLE SEAL CHAIC BIRE AND	**	41411 (48)
841 SANDLAKE RD. 7621 POINTVIEW CIR ORLANDO FL 32809 ORLANDO FL 32836 US				DO NOT WRITE IN TH	IIS SPACE	·
				3. Date Incorporated or Qualifed 02/17/1992		
2. Principal Pl	age of Business	2a. Mailing Address /	11 P/	4. FEI Number	Appl	ied For
21 82	3 CANNEKOLI	26 C5/3KeC	Mosthel	59-3116786	Not /	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	11867	_	<b>\$8.75</b> Ad	Iditional .
22	<u> </u>	27		-5. Certificate of Status Desired	Fee Requ	uired
City & State	4x(0) H	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
200	Country	\$1. C/2	Country _ 1	8, This corporation owes the current year	Intangible	
24 5280	25 USA	29 <b>3 3 7 9</b> 30	USH	Personal Property Tax.  10. Name and Address of New Register		□No
	9. Name and Address of Current	Registered Agerit	81 Name	10. Name and Address of New Register	) Aguit	
MEA	D, LORNA S.		LO	RHA S. 11 lead		
7621 POINTVIEW CIR			82 Street Add	rees (P.O. Box Number is Not Acceptable)	11	
	ANDO FL 32836		83 0	3 RECIPEUS -	<i>74</i>	
			84 City		L 85 350°	19
11. Pursuant t	to the provisions of Sections 607 0502/	and 607.1508, Florida Statutes,	the above-named corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its re pointment as regi	egistered stered
agent. I ar	m familiar with, and accept the obligation	s of, Section 607.0507, Florida	Statutes.	1 1 7 /	Ga	
SIGNATURE	100 4 A SIN	al LOK	MA \ //	end 3/-	77	
	Signature 1966 or printed paracity egistered agent 2 OFFICERS AND	<del></del>	gistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12
TITLE	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition
NAME	STAFFORD, MICHELLE M	<b>J</b>	1.2 NAME			
į	8513 REDLEAF LANE		1.3 STREET ADDRESS		_	
STREET ADDRESS	ORLANDO FL 32819		1.4 CITY-ST-ZIP			
CITY-ST-ZIP	TD	☐ DELETE	2.1 TITLE	1-11-T-C	Change	Addition
NAME	MEAD, LORNA S.		22 NAME	V - V - J - D -		
STREET ADDRESS	8513 REDLEAF LANE		2.3 STREET ADDRESS	MITR	alc-7	2
CITY-ST-ZIP	ORLANDO FL	•	2. 4 CITY-ST-ZIP	8513 Red Coff LX	338	49
TITLE	OTILITIDO 1E	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME .			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME			4,2 NAME			ļ
STREET ADDRESS			4.3 STREET ADDRESS		,	-
CITY-ST-ZIP			4.4 CITY+ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			}
STREET ADDRESS			5.3 STREET ADDRESS			1
CITY-ST-ZIP		777800	5.4 CITY-ST-ZIP			
TILE		☐ DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		× 11.	
			64 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Block 14 or Block 1

SIGNATURE: