FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

1996

V23057

(5)

DOCUMENT #
1. Corporation Name

STARLITE NAILS, INC.



Finding reactions			NICON CYPEST					
5742 JOHNS HOLLYWOOI		5742 JOHNSON STREI HOLLYWOOD FL 3302						
					3. Date Incorporated or Qualified 03/17/1992	3a. Date of La 05/0	st Report 1/1995	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
1		26		65-0318111		Not Applicable		
Suite, Apt. #, etc		Suite, Apt #, etc. 27		5. Certificate of Status Desired	1 1 7 -	.75 Additional ee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	مٰ ــــــــــــــــــــــــــــــــــــ	5.00 May Be added to Fees	
Zip 24	Country 25	7 _(p)	Countr 30	у		□No		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New F	legistered Agen	<u> </u>	
			81	1				
HANNON, DIANE 5742 JOHNSON STREET					ddress (P.O. Box Number is Not Acceptable)			
HOLLY	WOOD FL 33021		83	\$				
			84	4 City		FL 85	Zip Code	
11 Pursuant to	the provisions of Sections 607.050	02 and 607 1508. Florida Statute	s the above	named coroc	oration submits this statement for the pur	rpose of changing	l its registered office	
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Se	rida. Such change was authorize	id by the cor	poration's boa	ard of directors. Thereby accept the app	cintment as regist	fered agent. Lam	
SIGNATURE	•							
	Signature its ed or proded have of regetered aga			est signature require	ed when revisiting:	DATE PARTY EVERE	OTOGO IN 10	
12.	PD OFFICERS A	ND DIRECTORS DELETE	13. 1 1 lille	: 1	ADDITIONS/CHANGES TO OFF	CERS AND DARE		
TITLE NAME	HANNON, DIANE		1 2 NAME	1				
STREET ADDRESS	5742 JOHNSON STREET		1	ET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CHY					
THILE	VPD	☐ DELETE	2 1 TiTul			Cha	ange 🔲 Addition	
NAME	SIMIC, DARLENE		2.2 NAMI	<u> </u>				
STREET ADDRESS	5742 JOHNSON STREET		23 STRE	ET ADDRESS				
CITY - ST- ZIP	HOLLYWOOD FL		2.4 CITY					
TITLE		DELETE	3 1 11111			□ Cha	ange 🔲 Addition	
NAME			3.2 NAMI					
STREET ADDRESS	I			EL 20				
CITY-SI-ZIF TITLE		DELETE	3 4 CITY 4 1 TIE			☐ Ch.	ange 🔲 Addition	
NAME		<u></u>	4.2 NAM					
STREET ADDRESS				ET ADDRESS				
City-ST-ZiP			4.4.C-TY					
THLE		DELETE	5 1 TITL			Ch.	ange 🔲 Addition	
NAME			5.2 NAM	E				
STREET ADDRESS			5.3 STRE	EF ADORESS				
CITY-S1-7/P			5.4 CITY	- S1 - ZIP				
THILE		☐ DELETE	6 1 THTL	E		☐ Ch	ange 🔲 Additio	
NAME			6.2 NAM	É				
STREET ADDRESS			6.3 S1R8	ET ADDRESS				
CITY - ST - ZIP			6.4 CITY	·ST-ZIF				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if changed, or or an attachment with an address

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNAID OFFICER OF DIRECTOR

4/18/96 (454)964-9943