

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V24735**

(5)

1. Corporation Name

BOCA NAILS BY C.J., INC.



Principal Place of Business

**1612 NORTHWEST 2ND AVENUE
SUITE 3
BOCA RATON FL 33432**

Mailing Address

**1612 NORTHWEST 2ND AVENUE
SUITE 3
BOCA RATON FL 33432**

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CATE, CASSANDRA J
1612 NORTHWEST 2ND AVE.
STE. 3
BOCA RATON FL 33432**

3. Date Incorporated or Qualified

03/30/1992

3a. Date of Last Report

04/11/1995

4. FEI Number

65-0383224

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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

11. Pursuant to the provisions of Sections 607.0607 and 607.1506, 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 607.0603, Florida Statutes.

SIGNATURE

(Signature for temporary change only)

(Signature for permanent change only)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DPS
CATE, CASSANDRA J.
7830 TEXAS TRAIL
BOCA RATON FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**1
CATE, CASSANDRA J.
7830 TEXAS TRAIL
BOCA RATON FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE

32. NAME

23. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Cassandra J. Cate
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

96

(407) 368-3237

CR2E034 (12/95)