## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V38245

(9)

Mailing Address

NAILS & TAN OF PLANTATION, INC.

**FILED** May 01 1997 8:00am Secretary of State

B320 W SUNRISE BLVD #206 PLANTATION FL 33322		8320 W SUNRISE BLVD #206 Plantation Fl 33322-5432								
						3. Date Incorporated or Qualified 05/21/1992		ite of Last F <b>01/1996</b>	leport	
2. Principal Place of Bu	siness	2a. Mailing	g Address				4. FEI Number	- <b>L</b>		pplied For
21		26	A				65-0364506		<del></del>	ot Applicable
Suite, Apt #, etc	27 Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & <b>28</b>	State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	·····	Cour	itry		8. This corporation has liability for	intangible	tax under s	s. <b>199</b> .032,
24	29					Florida Statutes Yes No				
	ne and Address of C	urrent Registered A	\gent		81	Nome	10. Name and Address of New Re	gistered .	Agent	
GRABOWSK					١'	Name				
8320 W SUN #206	IRISE BLVD				82	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
PLANTATION	I FL 33322				83					
					84	City		FL	<b>85</b> Zip	Code
11. Pursuant to the pro- office or registered	visions of Sections 60 agent, or both, in the with, and accept the	7.0502 and 607.1508 State of Florida. Suc obligations of, Section	8, Florida Statu h change was on 607,0505, Fl	tes, the ab authorized lorida Statu	ove by	named co	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of ot the app	changing i ointment as	ts registered registered
SIGNATURE	,	, c., c., c., c., c., c., c., c., c., c.								
Signature, ty:	ind or printed name of registe		tile (NO		Ager	nt signature req	uired when reinstating)	DATE		
12.	OFFICER	S AND DIRECTORS	DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	RS IN 12
TITLE VT	owski, george s	•	THI DELEGE	1.1 111					Change	L AUGINON
	KEVIEW DR., #10			1.2 NA			55 Lakeview Dr. #. Weston FL. 33324	104		
p	UDERDALE FL 333					ADDRESS 1	who has I ade 1			
TITUE	ODENDALE FL 333	)ZO	DELETE	1.4 GIT 2.1 TIT		- ZIP	MESTON Fr. 33364	·	Change	Addition
NAME				2.2 NA					C.J Change	
STHEFT ADORESS					-	ADDRESS				
CITY-51-ZIP				2.4 CF						
TITLE	1791 C. C. C. C. SERVE DV BLA. C. B. A. C.		DELETE	3.1 TIT		,		····	Change	Addition
NAME				3.2 NA	ME					
STREET ADORESS				3.3 STF	REET	ADDRESS				
CITY-ST ZIP				3.4. CF	TY-S	T-ZIP				
TIRE			DELETE	4.1 TIT	LE				Change	Addition
NAME.				4. 2 NA	ME					•
\$1REEL ADORESS				4.3 STF	REET	ADDRESS				
CHY-S1-ZIP	A. 10.100 - T.		· <u> </u>	4.4 CIT	Y-\$1	- ZIP				
THE			☐ DELETE	5.1 TIT	LE				Change	Addition
IMAM				5.2 NA		1				
STHEE* ADDRESS						ADDRESS				
CHY-SI-ZIF			DEL ETC	5.4 CIT		- ZIP		<del></del> -	1 0	T 1 2 2 2 2 2
Tille			☐ DELETE	6.1 111					Change	Addition
NAME:				6.2 NA						
\$18901 ADDRESS						ADDRESS				
City-St-2iP				6.4 CIT						

Lam 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

**SIGNATURE**