

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:58

DOCUMENT # **V59665** (2)

1. Corporation Name
NAIL GALLERY, INC.

Principal Place of Business Mailing Address
10338 W SAMPLE RD **10338 W SAMPLE RD**
CORAL SPRINGS FL 33065 **CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/20/1992** 3a. Date of Last Report **06/21/1994**
4. FEI Number **65-0358521** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

GLANTZ, KIM
10338 W SAMPLE RD
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

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

(Signature of registered agent or person authorized to register agent and file application)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD**
NAME **GLANTZ, KIM**
STREET ADDRESS **10338 W SAMPLE RD**
CITY ST ZIP **CORAL SPRINGS FL**
TITLE **VSD**
NAME **FERAYORNI, THERESA**
STREET ADDRESS **10338 W SAMPLE RD**
CITY ST ZIP **CORAL SPRINGS FL**
TITLE
NAME
STREET ADDRESS
CITY ST ZIP
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NAME
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NAME
STREET ADDRESS
CITY ST ZIP
TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Pres., V.S. Treas., & Sec.** ☒ Change ☐ Addition
12 NAME **GLANTZ, Kim**
13 STREET ADDRESS **10338 W. Sample Rd.**
14 CITY ST ZIP **CORAL SPRINGS, FL 33065**
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

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 (17)(3)(b), 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 907, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE:

Kim Glantz **Kim GLANTZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95 (305) 345-6934
DATE TELEPHONE #