

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V63159

(0)

1. Corporation Name

JUST PEACHY NAIL SALON, INC.



Principal Place of Business

14920 N.E. 9TH COURT
NORTH MIAMI FL 33161

Mailing Address

14920 N.E. 9TH COURT
NORTH MIAMI FL 33161

3. Date Incorporated or Qualified

09/10/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0358272

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 12770 W. Dixie Hwy

26 12770 W. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 North miami, FL

28 North miami, FL

24 Zip

Country

29 Zip

Country

33161

DADE

33161

DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKELAITIS, JOANNE
12570 NE 7 AVE
SUITE 103
NORTH MIAMI FL 33161

81 Name

Akelaitis, Joann

82 Street Address (P.O. Box Number is Not Acceptable)

12770 W. Dixie Hwy

83

84 City

North miami FL

85 Zip Code

33161

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 typed or printed name of registered agent and must apply to all

Signature, Registered Agent's name and must apply to all

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
AKELAITIS, JOANNE
STREET ADDRESS 14920 N.E. 9TH COURT
CITY-ST-ZIP NORTH MIAMI FL

TITLE ☐ DELETE

NAME M
AKELAITIS, KATHY
STREET ADDRESS 14920 NE 9 CT
CITY-ST-ZIP NORTH MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME D
AKELAITIS, JOANNE
STREET ADDRESS 12770 W. Dixie Hwy
CITY-ST-ZIP North miami, FL 33161

2.1 TITLE ☒ Change ☐ Addition

NAME M
AKELAITIS, KATHY
STREET ADDRESS 12770 W. Dixie Hwy
CITY-ST-ZIP North miami, FL 33161

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

7.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

8.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

9.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 119.07(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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE

Joann Akelaitis

4/29/96

305

893-0200

Display Phone #

CR2E034 (12/95)