

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

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**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M66090 (5)

1. Corporation Name
JACQUIE'S NAILS PLUS INC.



Principal Place of Business 771 VILLAGE BLVD SUITE 207 W PALM BEACH FL 33409 US	Mailing Address 771 VILLAGE BLVD SUITE 207 WEST PALM BEACH FL 33409-1834 US
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3. Date Incorporated or Qualified 01/27/1988	3a. Date of Last Report 03/12/1996
4. FEI Number 65-0027078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	30

9. Name and Address of Current Registered Agent

**SIEGEL, SHEILA K
771 VILLAGE BLVD.
WEST PALM BEACH FL 33409**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SEIGAL, SHEILA	
STREET ADDRESS	13201 GLENMOORE DR	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	FRESCO, CINDY	
STREET ADDRESS	1140 GATOR TRAIL	
CITY - ST - ZIP	W PALM BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SERWITZ, CHARLES	
STREET ADDRESS	4619 BOCAIRE BLVD.	
CITY - ST - ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SHEILA KRHN	
1.3 STREET ADDRESS	4619 BOCAIRE BLVD.	
1.4 CITY - ST - ZIP	BOCA RATON, FL 33487	
2.1 TITLE	S. CINDY FRESCO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1140 GATOR TRAIL	
2.3 STREET ADDRESS	W. PALM BEACH, FL	
2.4 CITY - ST - ZIP		
3.1 TITLE	BOOKKEEPER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAMU	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ (Signature typed or printed name of signing officer or director) **Charles Serwitz** Date **4/25/96** Daytime Phone # _____

CR2E034 (9/96)