

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M69730 (3)
 1. Corporation Name
NAIL BIZARRE, INC.



Principal Place of Business 7040 BERACASA WAY BAY 8 BOCA RATON FL 33433	Mailing Address 7040 BERACASA WAY BAY 8 BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

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

3 Date Incorporated or Qualified 02/26/1988	
4 FEI Number 65-0047526	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

COBETTI, CATHY
7040 BERACASA WAY
DEL MAR SHOPPING VILLAGE
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name	MARYANN DITONNO
82 Street Address (P.O. Box Number is Not Acceptable)	7040 BERACASA WAY
83	DEL MAR SHOPPING VILLAGE
84 City	BOCA RATON FL
85 Zip Code	33433

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]* **4-23-98**
Signature by the registered agent and block applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	COBETTI, CATHY	
STREET ADDRESS	C/O 7040 BERACASA WAY, BAY 8	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DITONNO, MARYANNE	
STREET ADDRESS	C/O 7040 BERACASA WAY, BAY 8	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	PTD
22 NAME	DITONNO, MARYANN
23 STREET ADDRESS	C/O 7040 BERACASA WAY, BAY 8
24 CITY-ST-ZIP	BOCA RATON FL 33433
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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]* **4-23-98**

CR2E034 (10/97)