

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000043551 (7)

1. Corporation Name  
**NAIL EXPRESS, INC.**



Principal Place of Business: 1308 KINGSWOOD DRIVE CLEARWATER FL 34619  
Mailing Address: 1308 KINGSWOOD DRIVE CLEARWATER FL 34619

3. Date Incorporated or Qualified: 05/31/1995  
3a. Date of Last Report

2. Principal Place of Business  
21 9285 SEMINOLE BLVD  
22 Suite, Apt. #, etc.  
23 SEMINOLE, FL  
24 34642 25 Country  
26 Mailing Address  
27 Suite, Apt. #, etc.  
28 City & State  
29 Zip 30 Country

4. FEI Number: 59-3318921  
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

9. Name and Address of Current Registered Agent  
DZIERZYK, JOSPEH  
1308 KINGSWOOD DRIVE  
CLEARWATER FL 34619

10. Name and Address of New Registered Agent  
81 Name: LORI DZIERZYK  
82 Street Address (P.O. Box Number is Not Acceptable): 1308 KINGSWOOD DR.  
83  
84 City: CLEARWATER FL 85 Zip Code: 34619

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]* 8/6/96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DZIERZYK, LORI	
STREET ADDRESS	1308 KINGSWOOD DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DZIERZYK, JOSEPH	
STREET ADDRESS	1308 KINGSWOOD DRIVE	
CITY-ST-ZIP	CLEARWATER FL 34619	
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

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LORI DZIERZYK	
13 STREET ADDRESS	9285 Seminole Blvd.	
14 CITY-ST-ZIP	Seminole FL 34642	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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\*\*\*225.00

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: *[Signature]*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/96 391-1244  
8/20/96

CR2E034 (12/95)