

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

6

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000063646 (0)**

1. Corporation Name  
**ALLURING NAILS, INC.**



Principal Place of Business: **5152 SW 121 AVE COOPER CITY FL 33330**  
Mailing Address: **5152 SW 121 AVE COOPER CITY FL 33330**

3. Date Incorporated or Qualified: **08/17/1995**  
3a. Date of Last Report: **08/17/1995**  
4. FEI Number: **65-0600839**  
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 (21-24) and 2a. Mailing Address (26-29) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

**9. Name and Address of Current Registered Agent**

**STENBERG, MICHELE  
5152 SW 121 AVE  
COOPER CITY FL 33330**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12.1: TITLE: **D**  DELETE  
NAME: **STEINBERG, MICHELE**  
STREET ADDRESS: **5152 SW 121 AVE**  
CITY - ST - ZIP: **COOPER CITY FL 33330**

12.2: TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

12.3: TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

12.4: TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

12.5: TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

13.1: TITLE:  Change  Addition  
13.2 NAME:  
13.3 STREET ADDRESS:  
13.4 CITY - ST - ZIP:

13.5: TITLE:  Change  Addition  
13.6 NAME:  
13.7 STREET ADDRESS:  
13.8 CITY - ST - ZIP:

13.9: TITLE:  Change  Addition  
13.10 NAME:  
13.11 STREET ADDRESS:  
13.12 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: *Michele Steinberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **June 20, 1996**

CR2E034 (12/95)