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 # P95000043551 (7)

1. Corporation Name
NAIL EXPRESS, INC.

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

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

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

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 8/6/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	DZIERZKY, LORI		1.2 NAME	Lori Dzierzyk
STREET ADDRESS	1308 KINGSWOOD DRIVE		1.3 STREET ADDRESS	9285 Seminole Blvd.
CITY-ST-ZIP	CLEARWATER FL 34619		1.4 CITY-ST-ZIP	Seminole Fl 34642
TITLE	D	☑ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DZIERZKY, JOSEPH		2.2 NAME	
STREET ADDRESS	1308 KINGSWOOD DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

200001926742
-08/20/96--01085--042
***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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/12/96 — Daytime Phone #: 391-1244

8/20/96

CR2E034 (12/95)