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

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94703

(8)

NAIL SALON OF BOCA INC

FILED Feb 18 1997 8:00am Secretary of State

Principal Place of Business Mailing Address C/O BLAKESBERG & COMPANY, CPAS 951 SW 4TH AVE BOCA RATON FL 33432-5803 Mailing Address C/O BLAKESBERG & COMPANY, CPAS 951 SW 4TH AVE BOCA RATON FL 33432-5803						
U\$		US			 Date Incorporated or Qualified 08/16/1982 	3s. Date of Last Report 04/11/1996
	lace of Business	2a, Mailing Address	2a, Mailing Address		4. FEi Number	Applied For
Suite, Apt.	W ata	Suite, Apt #, etc.			59-2212015	Not Applicable
22	#, U (C.	27			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip Country		Zip Country		8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No		
24	25 g. Name and Address of Currer	29 nt Registered Agent	30		10. Name and Address of New Re	
RJ A	KESBERG & COMPANY CPAS			81 Name		<u> : ;::-</u> ::::
951 SW 4TH AVE				32 Street Add	dress (P.O. Box Number is Not Acceptab	
BOCA RATON FL 33432						,,,,
			1	B3		
			ļ.	84 City		85 Zip Code
44 Purcuanti	to the provisions of Sections 607 060	12 and 607 1508. Florida State	der the ab	ove-named co	regration submite this statement for the n	FL 69 Zip Code
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida. Such change was	authorized	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	of the appointment as registered
•	m ramiliar with, and accept the oblig-	ations or, Section 607.0505, F	-ionda Siaiu	ites.		
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NC	DTE: Registered	Agent signature requ	uired when reinstating)	DATE
12.	OFFICERS AN		13,		ADDITIONS/CHANGES TO OFFIC	
TITLE	TSD CARNERO, CONCEPCION	☐ DELETE	1.1 TITU			Change Addition
NAME	ATAL BELL COTTLE OF		1.2 NAM	· ·		
STREET ADDRESS CITY-ST-ZIP	MARGATE FL 33063			EET ADDRESS Y-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITL			Change Addition
NAME	BURCH, MARIA M.		2.2 NAN	AE		_ • _
STREET ADDRESS	4843 ALFRESCO STREET		2.3 STR	EET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		2, 4 CIT	Y-ST-ZIP		
TRILE	DELETE 3.11		3.1 TITE			☐ Change ☐ Addition
NAME			3.2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CIT 4.1 TITE	Y-ST-ZIP	· -	Change Addition
NAME		D.C.C.	4.1 IIIE 4.2 NAI			Fil Quanific Fil voditión
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				r-ST-ZIP		
TITLE		DELETE	5 1 TITL		· · · · · ·	Change Addition
NAME			5.2 NAM	AE		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP			5.4 CITY	r-ST-ZIP		
TITLE		☐ DELETE	6 1 1111	E		☐ Change ☐ Addition
NAME			6.2 NAN	AE		
STREET ADDRESS			1	EET ADDRESS		
CHY-ST-ZIP	au postify that the information assertion	d with this filing does not a ve		r-SI-ZIP	ard in Section 119 07/3/(i) Florida Statute	

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.