SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # G41422 (8)

1. Corporation Name
INDEPENDENT FLORIDA NAIL CORPORATION

Principal Place of Business	Mailing Address
6340-90TH AVENUE NORTH PINELLAS PARK, FL 34666	6340-90TH AVENUE NORTH PINELLAS PARK, FL 34666

3. Date Incorporated or Qualified: 05/31/1983
3a. Date of Last Report: 02/28/1995

2. Principal Place of Business
21: 6340-90TH AVENUE NORTH
Suite, Apt. #, etc. 22:
City & State 23: PINELLAS PARK, FL
Zip 24: 34666 Country 25:

2a. Mailing Address
26: 6340-90TH AVENUE NORTH
Suite, Apt. #, etc. 27:
City & State 28: PINELLAS PARK, FL
Zip 29: 34666 Country 30:

4. FEI Number: 59-0862780 ☐ 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

PIPER, JAN J.
669 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33701

10. Name and Address of New Registered Agent

81 Name: LEWIS, BONNIE S.
82 Street Address (P.O. Box Number is Not Acceptable): 6340-90TH AVENUE NORTH
83:
84 City: PINELLAS PARK FL 85 Zip Code: 34666

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: Bonnie S. Lewis BONNIE S. LEWIS 6/14/96
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEWIS, TERRENCE E. 6340-90TH AVENUE NORTH PINELLAS PARK, FL 34666 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEWIS, BONNIE S. 6340-90TH AVENUE NORTH PINELLAS PARK, FL 34666 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

100001879241
-06/28/96--01040--028
***675.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bonnie S. Lewis BONNIE S. LEWIS 6/14/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Electronic Filing # CS 7/15/96