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 # L40865

(2)

BOCA NAIL DEPOT, INC.

Principal	Place of	Business

Mailing Address

157 E. PALMETTO PARK RD BOCA RATON FL 33432-4818 157 E. PALMETTO PARK RD BOCA RATON FL 33432-4818

FILED Apr 03 1997 8:00am Secretary of State



BOCA RATON	FL 33432-4818	BOCA RATON FL 33432-	4818						
						3. Date incorporated or Qualified 01/08/1990	1	e of Last Re 6/1996	sport
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	1		plied For
21		26				65-0174427		No	t Applicable
Suite, Apt #, etc 22 City & State		Suite, Apt. #, etc.				6. Certificate of Status Desired S8.75 Addition Fee Required			
		City & State	City & State		6. Election Campaign Financing				\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Cou	intry		Trust Fund Contribution 8. This corporation has liability for i			
	25	29	30	.,,			Yes [199,032,
24	9. Name and Address of Curi		1301	Γ		10. Name and Address of New Re			
TOS	TI, GREGORY			81	Name				
	1 PARK AVE				<u> </u>	(0.0 0 N J 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-1	· · · · · · · · · · · · · · · · · · ·	
	CA RATON FL 33486			82	Street Add	ress (P.O. Box Number is Not Acceptab	10)		
800	A IMION IL 33400			83				······································	.,
				84	City			85 Zip (Code
					· ·		<u>FL</u>		
office or re agent. Lai	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was	s authorize	d by	≀ the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	ot the appo	intment as	registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NC	OTE: Registere	d Age	ent signature requi	ired when rainstating)	DATÉ		
12.	OFFICERS A	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	P\$	DELETE	1.1 T	TLE				Change	Addition
NAME	TOSTI, GREGORY		1.2 N	AME					
STREET ADDRESS	1181 SW PARK AVE		1.3 \$	TREET	ADDRESS				
CHTY - ST - ZIP	BOCA RATON FL		1.40	ITY-5	ST-ZIP				
10:6	VPT	☐ OELETE	2.1 T	TLE			İ	Change	Addition
NAME	tosti, rose		2.2 N	AME					
STREET ADDRESS	1181 SW PARK AVE		2.3 S	TREET	ADDRESS				
CHY+SI+ZiP	BOCA RATON FL		2.40	ITY-	ST-ZIP			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
THLE		☐ DELETE	3.1 T	TLE		•	′ .	Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
City - ST - ZiP			3.4. (HY-	ST-ZIP				
TITLE		☐ DELETE	: 4.1 T	ITLE				Change	Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TREE	T ADDRESS				
CITY-ST-ZIP	and the second of the second o				ST-ZIP			C 1 01	7 7 2 1 2 2 2 2
TITLE		DELETE	5.1 T	ITLE				Change	Addition
NAME			. 5.2 N	AME		•			
STREET ADDRESS			5.3 S	TREE1	T ADDRESS				
CITY-ST-ZIF	And Andrews		5.4 0	HTY-S	ST-ZIP				
TITLE		DELETE	611	ITLE				Change	☐ Addition
NAME			62 N	IAME	İ				
STREET ADDRESS			635	TREE	T ADDRESS				
CHY-ST-ZIP			640	HY-	ST-2IP				

14. 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.

SIGNATURE:

MG LWB B WATER OF BIGHING OFFICER OF

GREGORY B TOST

3/26/97 Date (954)428-2125 Daytime Prone #