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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L73531

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ACADEMY OF NAIL SCULPTURING INC.

## **FILED** May 08 1997 8:00am Secretary of State



Principal Place of Business		Mailing Address			I INDUIDI; AKI NOCCO HKOL BRIDE INTALLIDI ELEK BRIDE BRIDE BRIDE BRIDE BRIDE		
1801 CREIGHTON RD. PENSACOLA FL 32504		1801 CREIGHTON RD. PENSACOLA FL 32504-7211					
					3. Date Incorporated or Qualified 05/15/1990	3a. Date of La 05/01/199	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		Applied For
		26			59-3017767		Not Applicable
Suite, Ap		Suite, Apt. #, etc. 27			5. Certificate of Status Desired		5 Additional Required
City & St.		City & State			Election Campaign Financing     Trust Fund Contribution		<b>00</b> May Be led to Fees
Zio N	Country	Zip	Cour	ntry	8. This corporation has liability for in		or s. 199.032,
<b>!</b>	25 9. Name and Address of Cur	29	30		Florida Statutes  10. Name and Address of New Reg	Yes No	
		tent tredistated whent		81 Name	10. Name and Address of New Neg	interest of Wheth	
	NDERWOOD, MARY M.					·	<u>-</u> -
	325 AVENIDA MARINA ENSACOLA FL 32503		ĺ	82 Street Add	dress (P.O. Box Number is Not Acceptable	e)	
rc	LHONOULN I L JEUU		Ì	83		***************************************	
			}	84 City		85	Zip Code
				1 '	rporation submits this statement for the pualion's board of directors. I hereby accept	FL (**)	•
	,						
	Stignature: typed or cooled name of registered OFFICERS A	AND DIRECTORS	OTE: Registered	Agant signatura requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE		
2.	Signature typed for profoid name of registered OFFICERS a						
<b>2.</b>	OFFICERS J  DPS UNDERWOOD, MARY M.	AND DIRECTORS	13.	LE		RS AND DIREC	
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reache day carry matter mormation supplied with this illing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and cated 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: