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 # **M66090** **(5)**

1. Corporation Name

JACQUIE'S NAILS PLUS INC.

Principal Place of Business

C/O SIEGEL, SHEILA, KAHN
771 VILLAGE BLVD
W PALM BEACH FL 33409
US

Mailing Address

C/O SHEILA KHAN
771 VILLAGE BLVD
WEST PALM BEACH FL 33409
US

3. Date Incorporated or Qualified: 01/27/1988

3a. Date of Last Report: 04/21/1995

4. FEI Number: 65-0027078 — 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

2. Principal Place of Business
21 SAME
22 Suite, Apt. #, etc. 207
23 City & State WEST PALM BEACH FL
24 Zip 33409
25 Country PALM BE.

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc. 207
28 City & State WEST PALM BEACH FL
29 Zip SAME
30 Country

9. Name and Address of Current Registered Agent

SIEGEL, SHEILA K
771 VILLAGE BLVD.
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP [ ] DELETE
NAME	SEIGAL, SHEILA
STREET ADDRESS	13201 GLENMOORE DR
CITY-ST-ZIP	W PALM BEACH FL
TITLE	DST [ ] DELETE
NAME	FRESCO, CINDY
STREET ADDRESS	1140 GATOR TRAIL
CITY-ST-ZIP	W PALM BCH FL
TITLE	D [ ] DELETE
NAME	SERWITZ, CHARLES
STREET ADDRESS	4619 BOCAIRE BLVD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Cindy Fresco — 3/8/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #