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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

771 VILLAGE BLVD
SUITE 207
W PALM BEACH FL 33409
US

Mailing Address

771 VILLAGE BLVD
SUITE 207
WEST PALM BEACH FL 33409-1834
US

3. Date Incorporated or Qualified
01/27/1988

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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
NAME SEIGAL, SHEILA
STREET ADDRESS 13201 GLENMOORE DR
CITY - ST - ZIP W PALM BEACH FL ☐ DELETE

TITLE DST
NAME FRESCO, CINDY
STREET ADDRESS 1140 GATOR TRAIL
CITY - ST - ZIP W PALM BCH FL ☐ DELETE

TITLE D
NAME SERWITZ, CHARLES
STREET ADDRESS 4619 BOCAIRE BLVD.
CITY - ST - ZIP BOCA RATON FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. ☒ Change ☐ Addition
1.2 NAME SHEILA KRAHN
1.3 STREET ADDRESS 4619 BOCAIRE BLVD.
1.4 CITY - ST - ZIP BOCA RATON, FL 33487

2.1 TITLE CINDY FRESCO ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1140 GATOR TRAIL
2.4 CITY - ST - ZIP W. PALM BEACH, FL

3.1 TITLE BOOKKEEPER. ☐ Change ☐ Addition
3.2 NAME SAMU
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Serwitz

Date

4/25/96

Daytime Phone #

CR2E034 (9/96)