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 # P92000008169 (4)

JUDI'S POLISHED NAIL, INC.

Principal Place of Business Mailing Address 10087 CLEARY BLVD 10087 CLEARY BLVD PLANTATION FL 33324-1064 PLANTATION FL 33324 3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1992 06/19/1996 4, FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0375478 21 Not Applicable 26 Suite. Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Trust Fund Contribution Added to Fees Country This corporation has liability for intengible tax under s. 199.032, X Yes 🗌 No 24 30 Florida Statutes 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SHIELDS, JUDITH 12301 NW 23 CT 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33323 83 84 City 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 lamillar with, and accept the obligations of, Section 607.0505, Fiorida Statutes.

SIGNATURE Sequence to precision cannot of tegletimost agent acid set approachables (NOTE Responsed Agent signature required when remotating) DATE	agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Fforida Statutes.							
12.	SIGNATURE Supulors, typed or ported name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
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14. I do hereby cartify 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	CITY+ST-7IP		<u> </u>	6.4 CITY-ST-ZIP				

4. 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:

MATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

4-29-9

954-476-3679

E034 (9/96)

FILED

May 08 1997 8:00am

Secretary of State