

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 SEP 26 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000037765 (3)
 1. Corporation Name
 PERFECT 10 NAIL BOUTIQUE INC.



Principal Place of Business: 9101 COLLEGE PARKWAY SUITE 204 FT MYERS FL 33919
 Mailing Address: 9101 COLLEGE PARKWAY SUITE 204 FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)
 22. Suite, Apt. #, etc.
 23. City & State
 24. Zip Country

3. Date Incorporated or Qualified: 05/24/1993
 3a. Date of Last Report: 07/30/1996
 4. FEI Number: 65-0417483
 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 AUSTIN, JANEANN P
 17033 TERRA VERDE CIR
 FT MYERS FL 33912

10. Name and Address of New Registered Agent
 B1 Name: Austin Jane
 B2 Street Address (P.O. Box Number is Not Acceptable): 17033 Terra Verde Cir
 B3 F.
 B4 City: Ft Myers FL B5 Zip Code: 33912

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: Jane Austin (president) DATE: 9-2-97

12. OFFICERS AND DIRECTORS

TITLE	PVTD	<input type="checkbox"/> DELETE
NAME	AUSTIN, JANEANN P	
STREET ADDRESS	5127 S.W. 2ND PL.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	CMT	<input type="checkbox"/> DELETE
NAME	AUSTIN, JANEANN P	
STREET ADDRESS	5127 S.W. 2ND PL.	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVTD Austin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	17033 Terra Verde Cir	
1.4 CITY-ST-ZIP	Ft Myers Fla 33912	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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(9)(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: Jane Austin DATE: 7/15/97 482-8848

CR2E034 (4/97)