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May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000066764 (0)

1. Corporation Name

ACCENT ON NAILS, INC.



Principal Place of Business

3378 S MCCALL RD
ENGLEWOOD FL 34224

Mailing Address

3378 S MCCALL RD
ENGLEWOOD FL 34224-8643

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/20/1993

3a. Date of Last Report

04/22/1996

4. FEI Number

65-0440926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

MCLAIN, PAMELA J
3378 S MCCALL RD
UNIT 4
ENGLEWOOD FL 34224

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 P ☐ DELETE
NAME SHORE, SUSAN L.
STREET ADDRESS 2183 CORNELIUS BLVD
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE V ☒ DELETE
NAME BARBER, SALLY K.
STREET ADDRESS 7245 SNOW DR
CITY-ST-ZIP ENGLEWOOD FL

TITLE S ☒ DELETE
NAME MCLAIN PAMELA J.
STREET ADDRESS 15099 COMMUNITY AVE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE T ☐ DELETE
NAME MCLAIN, PAMELA J.
STREET ADDRESS 15099 COMMUNITY AVE
CITY-ST-ZIP PORT CHARLOTTE FL

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 V ☒ Change ☐ Addition
1.2 NAME Pamela J. McLain
1.3 STREET ADDRESS 15099 Community Ave
1.4 CITY-ST-ZIP Port Charlotte, FL 33953

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME Susan L. Shore
2.3 STREET ADDRESS 2183 Cornelius Blvd
2.4 CITY-ST-ZIP Port Charlotte, FL 33953

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

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: Pamela J. McLain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/24/97
Daytime Phone # 413-3032

CR2E034 (9/96)