

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000071036 (6)

1. Corporation Name

VOLPE NAILS, INC.



Principal Place of Business

Mailing Address

1747 INDEPENDENCE BLVD., SUITE E6
SARASOTA FL 34234

1747 INDEPENDENCE BLVD., SUITE E6
SARASOTA FL 34234

2. Principal Place of Business

2a. Mailing Address

21 4865 ASHTON RD.
22 Suite, Apt. #, etc.

26 PO Box 19979
27 Suite, Apt. #, etc.

23 SARASOTA FL
24 City & State

28 SARASOTA FL
29 City & State

25 Zip 34233
26 Country

30 Zip 34276-7979
31 Country

3. Date Incorporated or Qualified
10/07/1993

3a. Date of Last Report
08/10/1995

4. FEI Number
16-1342668

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

10. Name and Address of New Registered Agent

REINICKE, STEPHANIE A
1800 SECOND STREET
SUITE 803
SARASOTA FL 34236

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 officer, director, agent and tax preparer

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME VOLPE, MAUREEN E
STREET ADDRESS 3388 ESPANOLA DR
CITY-ST-ZIP SARASOTA FL

TITLE T
NAME DONSON, GARY R
STREET ADDRESS 4865 ASHTON RD.
CITY-ST-ZIP SARASOTA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY R. DONSON

7/31/96

941-925-7410