

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000022098 (5)

1. Corporation Name

NAILS BY KELLEY LYNN INC.



Principal Place of Business

Mailing Address

7491-C5 NORTH FEDERAL HWY. # 111
BOCA RATON FL 33487

7491-C5 NORTH FEDERAL HWY. # 111
BOCA RATON FL 33487

3. Date Incorporated or Qualified
03/22/1994

3a. Date of Last Report
08/07/1995

2. Principal Place of Business

2a. Mailing Address

21 7200 N.W. 2nd Ave.

26 7200 N.W. 2nd Ave.

4. FEI Number

65-0479836

Applied For

Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

22 Suite #26

27 Suite #26

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

28 City & State

23 Boca Raton, FL

28 Boca Raton, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

Country

29 Zip

Country

24 33487

25 United States

29 33487

30 United States

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

REED, KELLEY LYNN
7491 C5 N FED HWY
STE 111
BOCA RATON FL 33487

81 Name

Kelley Lynn Reed

82 Street Address (P.O. Box Number is Not Acceptable)

7200 N.W. 2nd Ave. Suite 26

83

Boca Raton

84 City

FL

85 Zip Code

33487

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME REED, KELLEY LYNN
STREET ADDRESS 7491-C5 NORTH FEDERAL HWY, # 111
CITY-ST-ZIP BOCA RATON FL 33487

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

21 TITLE
22 NAME
23 STREET ADDRESS
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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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kelley L. Reed

Kelley L. Reed 7/30

561-947-6568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

CR2E034 (3/96)