FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

2. Principal Place of Business 2a. Mailing Address 59-3255075 Not 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Cortificate of Status Desired \$8.75 Ac Fee Rec 22 27 Fee Rec	CORPORATION ANNUAL REPORT 1996		Secretar	Mortham y of State ORPORATIONS			
Principal Place of Business Mailing Address 566 BARTON BLVD SUITE 4 ROCKLEDGE FL 32955 586 BARTON BLVD SUITE 4 ROCKLEDGE FL 32955 3. Date Incorporated or Qualified 08/05/1994 3a. Date of Last Repo 08/05/1994 05/01/1998 2. Principal Place of Business 2a. Mailing Address 4. FET Number 59-3255075 App. 30/05/1998 21 Suite, Apt. #, etc. 5. Cortificate of Status Desired \$8.75 Ar Fee Rec 22 27 Fee Rec	DOCUMENT #	P940000	58146 (9)			
566 BARTON BLVD SUITE 4 ROCKLEDGE FL 32955 566 BARTON BLVD SUITE 4 ROCKLEDGE FL 32955 3. Date Incorporated or Qualified 08/05/1994 3a. Date of Last Repo 08/05/1994 2. Principal Place of Business 2a. Mailing Address 4. FET Number 59-3255075 App Not Not Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Cortificate of Status Desired \$8.75 Act Fee Rec 22	NAIL & SKIN TECH	NOLOGY, INCORPO	ORATED				
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2. Principal Place of Business 2a. Mailing Address 4. FEI Number App 21 26 59-3255075 Not Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Cortificate of Status Desired \$8.75 Ar Fee Rec	SUITE 4		SUITE 4			7	
2. Principal Place of Business 2a. Mailing Address 59-3255075 Not 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Cortificate of Status Desired \$8.75 Ac Fee Rec 22 27 Fee Rec	ROCKLEDGE FL 32965		NOONLEDGE TE SESS.	,			
Suite, Apt. #, etc.)	Mailing Address				Applied For Not Applicable
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				8.75 Additional Fee Required
City & State City & State 6. Election Campaign Financing 55.00 N	City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax under s 19 Zip Florida Statutes ☑ Yes ☐ No	Zip Cα	ountry	Zip		Florida Statutes 🔀 Yes	No	
24 25 29 30 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent			stered Agent	1-1	10. Name and Address of New F	registered Age	int

te Incorporated or Qualified 08/05/1994	3a. Date of Las 05/0	st Report 1/1995
Number 59-3255075		Applied For Not Applicable

24	[25]	1291						
	o Name and Address of	Current Registered Agent		10. Name and Addres	s of New Registered Agent			
			81 Name					
BEYER, DIANA L 3517 W ROUNDTREE DR				82 Street Address (F.O. Box Number is Not Acceptable)				
	COCOA FL 32926		83					
			84 City		FL 85 Zip Code			
	Pursuant to the provisions of Sections 6 or registered agent, or both, in the Statifamiliar with, and accept the obligations	sint Florida i Such change was au	fucured by the corporation a	or, oration submits this statemer board of directors. I hereby acc	it for the purpose of changing its registered office ept the appointment as registered agont. I am			
SIG	NATURE Signature, typest or pricted man ellochegi	denes, agent and the mapple area.	(NOTE Registered Agent signature)		DAIN			
12.	CELLO.	ERS AND DIRECTORS	13.	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS IN 12			
14.		C 1 DELET	1 1 TUTU F	V	Change Addition			

SIGNATURE	Ignature, typed or pricted han ellof registeres, agost and the i	rappleance (NOT)	Registered Agent signature	requeel whos reestatings	DATE
12.	OFFICERS AND DIRE	CTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE.	1 1 TITLE	V	Change Addition
NAME	BEYER, DIANA L		1.2 NAME	BEYER, DIANA L 8517 W ROUNDTREE DR	
STREET ADDRESS	3517 W ROUNDTREE DR		1.3 STREFT ADDRESS	3517 W KDOND TREE DR	
CITY-ST-ZIP	COCOA FL 32926		1.4 City - ST-ZIP	CCCOA FL 83936	
TITLE	D	DELETE	2 1 !IILE		Change Addition
NAME	BEYER, CURT R	• •	2.2 NAME		
STREET ADDRESS	3517 W ROUNDTREE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32926		2 4 CHTY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	:	
C(TY-ST-ZIP			3.4 CITY - ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME			4.2 NAMe		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP			4.4 CITY - ST - ZIP		
TITLE	,,	☐ DELE1E	5 1 TIFLE		Change Addition
NAME			5.2 NAMÉ		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHTY - ST-ZIP		
TITLE		DELETE	6 1 THILE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	3	
STREET ADDRESS			6.4 CMV . ST-7IP		

610Y-SI-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 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 certify 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:

DIANA L. BEYER