FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000058146 (9)

NAIL & SKIN TECHNOLOGY, INCORPORATED

Principal Place of Business Mailing Address **566 BARTON BLVD** 566 BARTON BLVD SUITE 4 SUITE 4 ROCKLEDGE FL 32955 **ROCKLEDGE FL 32955** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/05/1994 2. Principal Place of Business 2a. Maiting Address 4. FEI Number Applied For 59-3255075 Not Applicable Suite, Apt 1, etc. 3 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 3 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BEYER, DIANA L 3517 W ROUNDTREE DR Street Address (P.O. Box Number is Not Acceptable) **COCOA FL 32926** 84 City 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, typed or printed name of registered agont and life if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 11 TITLE BEYER, DIANA L NAME 1.2 NAME 3517 W ROUNDTREE DR STREET ADDRESS 1.3 STREET ADDRESS **COCOA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADORESS 6.3 STREET ADDRESS

14. I 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 granged, or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

ISMAL & BLIKE DIALIA L. BEYER

04-10-98

FILED

Apr 20 1998 8:00am

Secretary of State

7014