

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000064735 (1)

1. Corporation Name

PAYLESS NAILS, INC.

Principal Place of Business

Mailing Address

2051 UNIVERSITY DR.  
CORAL SPGS. FL 33071  
US

2051 UNIVERSITY DR.  
CORAL SPGS. FL 33071  
US



2. Principal Place of Business	2a. Mailing Address
21 2051 UNIVERSITY DR.	26 2051 UNIVERSITY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 CORAL SPRINGS FL	28 CORAL SPRINGS FL
Zip	Zip
24 33071	29 33071
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
09/01/1994	01/18/1995
4. FEI Number	Applied For
65-0520857	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOREK, LEOKADIA M  
4141 NW 44TH AVE  
SUITE 121  
LAUDERDALE LAKES FL 33319

81 Name	LEOKADIA BOREK
82 Street Address (P.O. Box Number is Not Acceptable)	4141 NW 44TH AVE #121
83	
84 City	LAUDERDALE LAKES, FL
85 Zip Code	33319

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 LEOKADIA BOREK  
Signature, typed or printed name of registered agent and title if applicable

Leokadia Borek 1-17-96  
Signature of Registered Agent required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOREK, LEOKADIA M.	1.2 NAME	
STREET ADDRESS	4141 44TH AVE., STE. 121	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAUDERDALE LAKES FL	1.4 CITY - ST - ZIP	
TITLE	<del>SB</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>RUTKOWSKI, STEFANIA</del>	2.2 NAME	
STREET ADDRESS	<del>5707 WOODLAND POINT DR.</del>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<del>FT. LAUDERDALE FL</del>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: Leokadia Borek  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96 (305) 341-6799  
Date Daytime Phone #

CR2E034 (12/95)