SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

2051 UNIVERSITY DR. CORAL SPRINGS FL 33071

2a. Mailing Address

Suite, Apt. #, etc.

23249 BARWOOD LN

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P9400064735

PAYLESS NAILS, INC.

Principal Place of Business 2051 UNIVERSITY DR.

2. Principal Place of Business

2051 - UNIVERSITY - DR

CORAL SPRINGS FL 33071

Suite, Apt. #, etc.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

in Block 12 or Block 13 if changed, or on an attachment with an address.

TITLE

NAME

5. Certificate of Status Desired Fee Required SUITE 307 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be BOCA RATON FL CORAL SPRINGS Trust Fund Contribution Added to Fees 23 Country Country 8. This corporation owes the current year 33428 *307* USA Yes Intangible Personal Property. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LEOKADIA BOREK 82 Street Address (P.O. Box Number is Not Acceptable) 23249 N. BARWOOD LN #307 83 **BOCA RATON FL 33428** 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 fartiliar with and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE Change ___ Addition TITLE PD DELETE 1.2 NAME BOREK, LEOKADIA M. NAME 23249 N. BARWOOD LN., 307 1 3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition 2.1 TITLE DELETE TITLE 2.2 NAME NAME ~ 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE __ DELETE .TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE Change Addition -TITLE DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE Change Addition TITLE ___ DELETE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

GIRED

DELETE

FILED Jul 07, 1999 8:00 am Secretary of State

07-07-1999 90004 039 ***158.75

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

___ Change ___ Addition

Not Applicable

3. Date incorporated or Qualified

09/01/1994

.65-0520857

4. FEI Number

PAYLESS NAILS, INC.

666

2051 UNIVERSITY DR. ♦ CORAL SPRINGS, FL 33071 Phone 954-341-6799 ♦ Fax 561-482-4382 P94000064735 582218-90004-39

DIVISION OF CORPORATIONS ANNUAL REPORTS FILINGS P.O. BOX 1500 TALLAHASSEE, FL 32302-1500

DEAR SIRS:

#P94000064735 DTD JUNE 30, 1999 AT OUR STORE ADDRESS 2051 UNIVERSITY DR CORAL SPRING, FL. THIS IS THE FIRST RECEIVED DOC. WE ARE SENDING A CHECK FOR \$150.00 PLUS \$8.75 FOR A CERTIFICATE.

WE APOLOGIZE FOR THE DELAY, BUT DUE TO NOT RECEIVING THE LETTER,
WE ARE TAKING IMMEDIALY ACTION NOW.

LEOKADIA BOREK, PRESIDENT

PAYLESS NAILS, INC.