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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000013231 (2)

1. Corporation Name

CLASSY NAILS OF COCONUT CREEK, INC.

Principal Place of Business

6540 N. STATE ROAD 7
COCONUT CREEK FL 33073

Mailing Address

6540 N. STATE ROAD 7
COCONUT CREEK FL 33073-3624

3. Date Incorporated or Qualified

02/15/1995

3a. Date of Last Report

10/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAPIENZA, NORA J
6540 N. STATE ROAD 7
COCONUT CREEK FL 33073

81 Name

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

83

84 City

FL

85

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

Nora J. Sapienza
Signature: typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

4/19/97
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SAPIENZA, NORA	
STREET ADDRESS	19075 WESTBROOK DR.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SAPIENZA, NORA	
STREET ADDRESS	19075 WESTBROOK DR.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SAPIENZA, NORA	
STREET ADDRESS	19075 WESTBROOK DR.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAPIENZA, NORA	
STREET ADDRESS	19075 WESTBROOK DR.	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE:

Nora J. Sapienza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/97
Date

Daytime Phone: #

CR2E034 (9/96)