

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 # 95000026057

1. Corporation Name

Nailmania, Inc

Principal Place of Business

Mailing Address

4141 S. Tamiami Tr (same)
#20 (note change
from last yr)
Sarasota, FL 34231

2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4141 S. Tamiami Tr #20

27 4141 S. Tamiami Tr #20

City & State

City & State

23 Sarasota, FL

28 Sarasota, FL

Zip

Country

Zip

Country

24 34231

25 USA

29 34231

30 USA

9. Name and Address of Current Registered Agent

Varinia Van Ness
4141 S. Tamiami Tr #20
Sarasota, FL 34231

81 Name

n/a

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

(Signature typed or printed name of person signing this statement)

(Signature typed or printed name of person representing corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President/Board Director	DELETE
NAME	Scott Van Ness	
STREET ADDRESS	3327 Sheffield Ct.	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	Vice President/Board Director	DELETE
NAME	Varinia Van Ness	
STREET ADDRESS	4141 S. Tamiami Tr #20	
CITY-ST-ZIP	Sarasota, FL 34231	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. 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)(g), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 941 951-5453

CR2E034 (12/95)