

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

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000063905  
1. Corporation Name  
**DETAILS NAIL + SKIN BOUTIQUE, INC.**

Principal Place of Business  
**2**

3. Date Incorporated or Qualified <b>08-17-1995</b>	3a. Date of Last Report
4. FEI Number <b>59-3332499</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>2226 E. Bloomingdale Ave</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>% Walter Sanders</b> Suite, Apt. #, etc.
22 <b>Valrico FL</b> City & State	27 <b>13910 N Dale Mabry #1</b> City & State
23 <b>33594</b> Zip	28 <b>Tampa, FL</b> City & State
24 <b>US</b> Country	29 <b>33618</b> Zip
30 <b>US</b> Country	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name <b>SANDERS, WALTER</b>
	82 Street Address (P.O. Box Number is Not Acceptable) <b>13910 N Dale Mabry Hwy Ste 1</b>
	83
	84 City <b>Tampa</b>
	85 Zip Code <b>FL 33618</b>

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 Walter Sanders **WALTER SANDERS** DATE **2-12-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME <b>COMBS, ARLETTE</b>	
STREET ADDRESS		1.3 STREET ADDRESS <b>3611 Woodhill Dr</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Brandon, FL 33511</b>	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		2.2 NAME <b>COMBS, DAVID</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>3611 Woodhill Dr</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Brandon, FL 33511</b>	
TITLE <input type="checkbox"/> DELETE		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 <input type="checkbox"/> DELETE		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 <input type="checkbox"/> DELETE		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 <input type="checkbox"/> DELETE		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 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: Arlette Combs **Arlette Combs** DATE **2-19-97** DAYTIME PHONE **654-8780**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)