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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500068493 (2)

FILED May 02 1997 8:00am Secretary of State

1. Corporation Name JUST-N-INCH HAIR-N-NAIL SALON, INC. Principal Place of Business Mailing Address 450 S. OLD DIXIE HWY STE. #1 JUPITER FL 33458 JUPITER FL 33458-7483								
					3. Date Incorporated or Qualified 09/01/1995		te of Last)1/1996	
2. Principal Pl	lace of Business	2a. Mailing Address		··	4. FEI Number	<u>.</u>		Applied For
Suite, Apt.	II A	26			65-06 19390			Not Applicable
2]	#, CSC.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Regulred
City & State	0	City & State			Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Coun	ntry	8. This corporation has liability for	r intangible	~	
4]	25	[29]	30			Yes [
	9. Name and Address of Curre	nt Registered Agent	-	B1 Name	10. Name and Address of New F	registered /	gent	
	ELL, JENNIFER		[Name				
	LIGHTHOUSE DR. M BEACH FL 33410		Į.	82 Street Ad	Idress (P.O. Box Number is Not Accept	able)		- ·
FALI	M DENOTE OUT IV	,	<u> </u>	B3				
			-	B4 City			OE 7:-	o Code
				1 7		FL	1 1	
office or re	egistered agent, or both in the State	e of Florida. Such change was	authorized	by the corpor	ration's board of directors. I hereby acc	ept the app	ointinent a	is registered
SIGNATURE	Signal of type I or printed name of registered ag	CALLER		YUUU	proporation submits this statement for the ration's board ordirectors. I hereby accomplete the statement of the ration's board ordirectors. I hereby accomplete the statement of the rational statement of the ration's board ordinary statement or the ration's board ordinary statement or the rational state	DATE	10	2/97
SIGNATURE	Signar Arrysted or printed name of registered at OFFICERS AN	jent and He'll applicable (NC	TE: Registered	Agent signature rec	QUY ANGULOW Quired when reinslating)	DATE	10)/17 DRS IN 12
SIGNATURE 12. TIILE	Signal Aspect or printed name of registered at OFFICERS AN INGRAM, SANDRA	gent and HIET applicable (NC	TE Registered	Agent signature rec	QUY ANGULOW Quired when reinslating)	DATE	DIRECTO)/17 DRS IN 12
SIGNATURE 12. THEE NAME	Signary Type I or printed namely I registered as OF FICERS AN P INGRAM, SANDRA 825 CENTER ST., APT. 378	gent and HIET applicable (NC	13. 1.1 TITL 1.2 NA	Agent signature rec	QUY ANGULOW Quired when reinslating)	DATE	DIRECTO)/17 DRS IN 12
SIGNATURE 12. THE NAME STREET ADDRESS CHY-ST-ZIP	Signed Type I or printed namely I registered at OFFICERS AN PINGRAM, SANDRA 825 CENTER ST., APT. 378 JUPITER FL	Jent and Hill of applicable (NC ND DIRECTORS DELETE	13. 1.1 TiTL 1.2 NA/ 1.3 STF 1.4 CIT	Agent signature rec	QUY ANGULOW Quired when reinslating)	DATE	DIRECTO Change	PRS IN 12
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SIGNATURE

GIANT RE AND TYPED OR PROTECT NAME OF STONING OFFICER OR DIRECTOR

125/97 56/- 745-995