
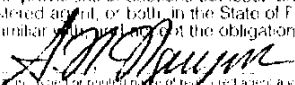
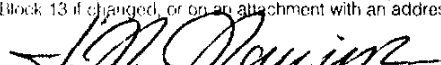


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 25 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 # P96000017137 (6)			
1. Corporation Name STUDIO NAILS, INC.			
Principal Place of Business 4100 E. BAY DR., STE. A2 CLEARWATER FL 34624		Mailing Address 4100 E. BAY DR., STE. A2 CLEARWATER FL 34624-6984	
2. Principal Place of Business 21 5340 E. BAY DR. Suite, Apt. #, etc.		2a. Mailing Address 26 5340 E. BAY DR. Suite, Apt. #, etc.	
22 City & State 23 CLEARWATER, FL 24 Zip 34624 25 Country		27 City & State 28 CLEARWATER, FL 29 Zip 34624 30 Country	
3. Date Incorporated or Qualified 02/23/1996		3a. Date of Last Report	
4. FEI Number 59-3362739		<input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent NGUYEN, ANTHONY N 4100 E. BAY DR., STE. A2 CLEARWATER FL 34624		10. Name and Address of New Registered Agent 81 Name NGUYEN, ANTHONY N 82 Street Address (P.O. Box Number is Not Acceptable) 5340 E. BAY DR. 83 84 City CLEARWATER FL 85 Zip Code 34624	
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:  NGUYEN, ANTHONY N. P.D. 3/20/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS 11 TITLE PD NAME NGUYEN, ANTHONY N 12 STREET ADDRESS 4100 E. BAY DR., STE. A2 13 CITY-ST-ZIP CLEARWATER FL 34624 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE PD NAME NGUYEN, ANTHONY N. 12 STREET ADDRESS 5340 E. BAY DR. 13 CITY-ST-ZIP CLEARWATER, FL 34624 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
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: 		3/20/97 813-538-8857	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)