

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

FILED

May 07 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 # P96000039766 (6)

1. Corporation Name
JUST DOING NAILS, INC.

Principal Place of Business 136 S US HWY 17-92 DEBARY FL 32713	Mailing Address 136 S US HWY 17-92 DEBARY FL 32713-3228
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/03/1996		3a. Date of Last Report	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State	27 Zip	28 Country
2. Principal Place of Business				2a. Mailing Address			
21 Suite, Apt. #, etc.				22 City & State			
23 Zip				24 Country			
25 Suite, Apt. #, etc.				26 City & State			
27 Zip				28 Country			
29 Suite, Apt. #, etc.				30 City & State			
31 Zip				32 Country			
33 Suite, Apt. #, etc.				34 City & State			
35 Zip				36 Country			
37 Suite, Apt. #, etc.				38 City & State			
39 Zip				40 Country			
41 Suite, Apt. #, etc.				42 City & State			
43 Zip				44 Country			
45 Suite, Apt. #, etc.				46 City & State			
47 Zip				48 Country			
49 Suite, Apt. #, etc.				50 City & State			
51 Zip				52 Country			
53 Suite, Apt. #, etc.				54 City & State			
55 Zip				56 Country			
57 Suite, Apt. #, etc.				58 City & State			
59 Zip				60 Country			
61 Suite, Apt. #, etc.				62 City & State			
63 Zip				64 Country			
65 Suite, Apt. #, etc.				66 City & State			
67 Zip				68 Country			
69 Suite, Apt. #, etc.				70 City & State			
71 Zip				72 Country			
73 Suite, Apt. #, etc.				74 City & State			
75 Zip				76 Country			
77 Suite, Apt. #, etc.				78 City & State			
79 Zip				80 Country			
81 Suite, Apt. #, etc.				82 City & State			
83 Zip				84 Country			
85 Suite, Apt. #, etc.				86 City & State			
87 Zip				88 Country			
89 Suite, Apt. #, etc.				90 City & State			
91 Zip				92 Country			
93 Suite, Apt. #, etc.				94 City & State			
95 Zip				96 Country			
97 Suite, Apt. #, etc.				98 City & State			
99 Zip				100 Country			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGOSTO, AUDREY	1.2 NAME	
STREET ADDRESS	290 WESTCHESTER DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	DELAND FL 32724	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
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: Audrey B Agosto **REQUIRE** AUDREY B AGOSTO 4/29/97 407 668 0064

CR2E034 (9/96)