


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	
DOCUMENT # P96000064236 (8) 1. Corporation Name CANDY'S NAILS, CORPORATION					
Principal Place of Business SAN SEBASTIAN SQUARE III 481 N. SR 434, STE. 111 ALTAMONTE SPRINGS FL 32714			Mailing Address SAN SEBASTIAN SQUARE III 481 N. SR 434, STE. 111 ALTAMONTE SPRINGS FL 32714-2181		
2. Principal Place of Business 21 <i>Same</i> Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 <i>Same</i> Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 07/31/1996 3a. Date of Last Report N/A 4. FEI Number N/A 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 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent TRAN, CANDY 1063 PROVIDENCE LN. OVIEDO FL 32765			10. Name and Address of New Registered Agent 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: <i>Carly B...</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. <i>Candy's nail</i> <input type="checkbox"/> DELETE <i>Candy N. Tran</i> <i>481 N. SR 434 Ste #111</i> <i>Altamonte Sp. Fl 32714-2181</i> 2. <input type="checkbox"/> DELETE 3. <input type="checkbox"/> DELETE 4. <input type="checkbox"/> DELETE 5. <input type="checkbox"/> DELETE 6. <input type="checkbox"/> DELETE 7. <input type="checkbox"/> DELETE 8. <input type="checkbox"/> DELETE 9. <input type="checkbox"/> DELETE 10. <input type="checkbox"/> DELETE 11. <input type="checkbox"/> DELETE 12. <input type="checkbox"/> DELETE 13. <input type="checkbox"/> DELETE 14. <input type="checkbox"/> DELETE 15. <input type="checkbox"/> DELETE 16. <input type="checkbox"/> DELETE 17. <input type="checkbox"/> DELETE 18. <input type="checkbox"/> DELETE 19. <input type="checkbox"/> DELETE 20. <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE CANDY'S NAILS. (President) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Candy Tran 1.3 STREET ADDRESS 1063 Providence Ln 1.4 CITY-ST-ZIP OViedo FL 32765 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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: <i>Carly B...</i> REQUIRED SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



CR2E034 (9/96)