

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

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AND
FILED

pg. 1 of 2

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 JUL -8 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000073357 (1)

1. Corporation Name
NAILS BY KIM, INC.



Principal Place of Business

3800 TAMPA ROAD
OLDSMAR FL 34677

Mailing Address

3800 TAMPA ROAD
OLDSMAR FL 34677-3014

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1816 OAK RIDGE RD

Suite, Apt. #, etc.

27 City & State

28 SAFETY HARBOR

29 Zip

FL

30 Country

34695

3. Date Incorporated or Qualified

08/30/1996

3a. Date of Last Report

4. FEI Number

65-0705910

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

MEYERS, KIM
3800 TAMPA ROAD
OLDSMAR FL 34677

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME MEYERS, KIM
STREET ADDRESS 1377 FORESTEDGE BLVD
CITY-ST-ZIP OLDSMAR FL 34677

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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****165.00 ****165.00

G. Alan
7/8/97

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.

CR2E034 (9/96)

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July 1, 1997

Division of Corporations
Annual Reports Section
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

RE: NAILS BY KIM, INC.
FEI: 65-0705910

The attached 1997 Annual Report was forwarded to me last week (week of June 23rd) by my accountant who advised that we had never received the original during the month of January 1997. I have completed the Annual Report form and have indicated a new mailing address (home address) which should insure that we do not have a reoccurrence next year. I have enclosed a check for \$165.00 and respectfully request that given the circumstances you will waive the penalty fee.

Thanking you in advance for your kind consideration, I remain

Sincerely,

A handwritten signature in cursive script, reading "Kim L. Meyers". The signature is fluid and extends to the right with a long horizontal stroke.

Kim L. Meyers
President

Enclosures: 1997 Annual Report