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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000012642 (9)

NAIL MAGIC, INC.

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						f 13040 72910 03141 03010 4101 1001
758 SO BLUFORD AVE. OCOEE FL 34761 758 SO BLUFORD AVE. OCOEE FL 34761 OCOEE FL 34761					DO NOT WRITE IN THIS SPACE	
					Date Incorporated or Qualified02/06/1997	
2. Principal Place of Business 2a. Mailing Address					4, FEI Number	Applied For
21		26	26		59-3426399	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			5. Continuate of orange position	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
		28	Zip Country		Trust Fund Contribution	Added to Fees
Zip	⊢ '	├ ¬ '	¬ '		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24	25 29 30 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
CLA	<u> </u>			81 Name //		
CLANCY, ALBERT C 611 CABORCA COURT				<u>CC</u>	AWCY, ALSERT C ess (P.O. Box Number is Not Acceptable)	
OCOEE FL 34761				Street Address 5	ess (P.O. Box Number is Not Acceptable) , LAKESHORE DZ.	
000	JEE 1 E 04/01			83		
				84 City .		At Zin Codo
				84 City OWE	E F	EL 85 Zip Code 5476
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)						
12.	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
TITLE	rresident	□ nerese	1111			C Change C Addylor
STREET ADDRESS DO 3 S. LAKESHOLE M			12 N	REET ADDRESS		
I*		10	1	TY-ST-ZIP		
	BELEVE		21 1			Change Addition
11	ALOUST C. CLANY		22 N			
STREET ADDRESS	A 20 a 2 da anti- 20 d		2 3 ST	REET ADDRESS		
	OCOCE, FL 34741		2 4 0	TY-ST-ZIP		
TITLE		DELETE	3 1 TJ	T.E.		Change Addition
NAME			3.2 N/	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY - ST - ZIP		
TITLE		DELETE	4.1 TO			Change Addition
NAME			4. 2 N	-		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 Cl	TY-ST-ZIP		Change Addition
TITLE NAME			5.1 N			
STREET ADDRESS			-	REET ADDRESS		
CITY+ST-ZIP				TY-ST-ZIP		
TITLE		DELETE	6.1 TI			Change Addition
NAME		_	6.2 N/			
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP		
	29 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	741 44.1- ET E	for the con	acadian atabantin	Continue 110 07(2)(i) Florida Statutas I furtha	a partification the information

14. Thereby 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.

(40)616-6123