


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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000020498 (6)**

1. Corporation Name

A PERFECT NAIL PLUS, INC.



Principal Place of Business 619 8TH STREET SOUTH NAPLES FL 34102-6701	Mailing Address C/O ACCOUNTAX OFFICE SERVICES, INC. 2272 AIRPORT ROAD SOUTH, SUITE 209 NAPLES FL 34112
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 619 8TH ST, SOUTH		2a. Mailing Address 1183 8TH ST S.		3. Date Incorporated or Qualified 03/05/1997	
22. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3435502	
23. City & State NAPLES FL		27. City & State NAPLES, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip 34102-6701		28. Zip 34102		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country COLLIER		29. Country COLLIER		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name JUDY WEISS
82. Street Address (P.O. Box Number is Not Acceptable) 619 8TH STREET S.
83. City NAPLES
84. State FL
85. Zip Code 34102

11. Pursuant to the provisions of Sections 607.01(2) and 607.1505, 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 meaning of Section 607.0505, Florida Statutes.

SIGNATURE *Judith E. Weiss* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	<input type="checkbox"/> DELETE	1.1 TITLE P.S.D.I.T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEISS, JUDITH E		1.2 NAME WEISS, JUDITH E.	
STREET ADDRESS 619 8TH STREET		1.3 STREET ADDRESS 619 8TH ST, S.	
CITY-ST-ZIP SOUTH NAPLES FL 34102-6701		1.4 CITY-ST-ZIP NAPLES, FL 34102-6701	
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ATON, ANNE K		2.2 NAME	
STREET ADDRESS 619 8TH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP SOUTH NAPLES FL 34102-6701		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 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 addition made to an addition.

SIGNATURE *Judith E. Weiss* 34102-6701

CR2E034 (10/97)