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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000039123

1. Corporation Name
PRETTY NAILS INC.

Principal Place of Business

1796 THOMASVILLE RD
TALLAHASSEE FL 32303
US

Mailing Address

1796 THOMASVILLE RD
TALLAHASSEE FL 32303
US

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HO, STEVE
1796 THOMASVILLE RD
TALLAHASSEE FL 32303

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

Chumil

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

(NOTE: Registered Agent must be a resident of the State of Florida)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME HO, STEVE

STREET ADDRESS 2343 TINA DR

CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE V [X] DELETE

NAME VU, THU T

STREET ADDRESS 2343 TINA SR

CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

81. Name

TU ANH VU

82. Street Address (P.O. Box Number is Not Acceptable)

1796 THOMASVILLE RD

83. City

TALLAHASSEE

84. State

FL

10. Name and Address of New Registered Agent

81. Name

TU ANH VU

82. Street Address (P.O. Box Number is Not Acceptable)

1796 THOMASVILLE RD

83. City

TALLAHASSEE

84. State

FL

85. Zip Code

32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE PRESIDENT [X] Change [] Addition

12. NAME TU ANH VU

13. STREET ADDRESS 2305 KILKARN CENTER BLVD

14. CITY-ST-ZIP TALLAHASSEE, FL 32308

15. TITLE [] Change [] Addition

16. NAME

17. STREET ADDRESS

18. CITY-ST-ZIP

19. TITLE [] Change [X] Addition

20. NAME SECRETARY

21. STREET ADDRESS TU ANH VU

22. CITY-ST-ZIP 2305 KILKARN CENTER BLVD

23. TITLE TALLAHASSEE, FL 32308

24. NAME TREASURER [] Change [X] Addition

25. STREET ADDRESS TU ANH VU

26. CITY-ST-ZIP 2305 KILKARN CENTER BLVD

27. TITLE TALLAHASSEE, FL 32308

28. NAME [] Change [] Addition

29. STREET ADDRESS

30. CITY-ST-ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

35. TITLE

36. NAME

37. STREET ADDRESS

38. 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)(b), 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, with all other like empowered.

SIGNATURE:

Chumil
TU ANH VU

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

62-1687339

Applied For
Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing

[]

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

0050804

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****150.00 ****150.00

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