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FILED
Mar 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000103327 (7)

1. Corporation Name

PRO NAILS -N- TANNING, INC.



Principal Place of Business

Mailing Address

1096 COMMERCIAL WAY
SPRING HILL FL 34606

6441 WOODLAND LANE
NEW PORT RICHEY FL 34653

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1997

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1096 Commercial Way

22 City & State

27 City & State

23 Zip

Country

28 Spring Hill, FL

29 Zip

Country

24

25

29 34606

30

USA

9. Name and Address of Current Registered Agent

TAX-A-MISER, INC.
6441 WOODLAND LANE
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name

KATHRINE M. ALLAN

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

1096 COMMERCIAL WAY

83

84 City

SPRING HILL

FL

85 Zip Code

34606

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)

2-13-98

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME ALLAN, KATHRINE M
STREET ADDRESS 5787 CACTUS CREEK
CITY-ST-ZIP SPRING HILL FL 34606

TITLE VPSD
NAME ALLAN, JOHN S
STREET ADDRESS 5787 CACTUS CREEK
CITY-ST-ZIP SPRING HILL FL 34606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME Allan, Kathrine M
1.3 STREET ADDRESS 5787 Cactus Circle
1.4 CITY-ST-ZIP Spring Hill, FL 34606

2.1 TITLE VPSD
2.2 NAME Allan, John S
2.3 STREET ADDRESS 5787 Cactus Circle
2.4 CITY-ST-ZIP Spring Hill, FL 34606

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

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 attachment with an address.

SIGNATURE

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

2-13-98

352-181-0154

CR2E034 (10/97)