


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

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
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DOCUMENT # P97000103327 (7)
 1. Corporation Name
PRO NAILS -N- TANNING, INC.



Principal Place of Business 1096 COMMERCIAL WAY SPRING HILL FL 34606	Mailing Address 6441 WOODLAND LANE NEW PORT RICHEY FL 34653
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <i>1096 Commercial Way</i>
22 City & State	27 <i>Spring Hill, FL</i>
23 Zip	28 <i>34606</i>
24 Country	29 <i>USA</i>

3. Date Incorporated or Qualified 12/08/1997	
4. FEI Number <i>59-3477212</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 <i>KATHRINE M. ALLAN</i>	
82 Street Address (P.O. Box Number is Not Acceptable) <i>1096 COMMERCIAL WAY</i>	
83	
84 City <i>SPRING HILL</i>	85 Zip Code <i>FL 34606</i>

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]* DATE **2-13-98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> DELETE
NAME	ALLAN, KATHRINE M
STREET ADDRESS	5787 CACTUS CREEK
CITY-ST-ZIP	SPRING HILL FL 34606
TITLE	VPSD <input type="checkbox"/> DELETE
NAME	ALLAN, JOHN S
STREET ADDRESS	5787 CACTUS CREEK
CITY-ST-ZIP	SPRING HILL FL 34606
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<i>PTD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>Allan, Kathrine M</i>
1.3 STREET ADDRESS	<i>5787 Cactus Circle</i>
1.4 CITY-ST-ZIP	<i>Spring Hill, FL 34606</i>
2.1 TITLE	<i>VPSD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Allan, John S</i>
2.3 STREET ADDRESS	<i>5787 Cactus Circle</i>
2.4 CITY-ST-ZIP	<i>Spring Hill, FL 34606</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* DATE **2-13-98**

CR2E034 (10/97)