

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S14172 (8)

1. Corporation Name

CINDY LEE'S NAIL SCHOOL INC.



Principal Place of Business

Mailing Address

534 NO PENINSULA DR
DAYTONA BCH FL 32118
US

534 NO PENINSULA DR
DAYTONA BCH FL 32118
US

2. Principal Place of Business

21 219 Magnolia Ave.

2a. Mailing Address

26 Same

22 City & State

23 DAYTONA BCH, FLORIDA

27 City & State

28 Same

24 Zip

32114

25 Country

FLORIDA

29 Zip

Same

30 Country

Same

3. Date Incorporated or Qualified

11/19/1990

3a. Date of Last Report

02/03/1995

4. FEI Number

59-3054227

Applied For

X Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

0

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

0

Yes

X

No

9. Name and Address of Current Registered Agent

NILES, PHILLIP F
540 NORTH PENINSULA DRIVE
DAYTONA BEACH FL 32118

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Philip F. Niles

[Signature]

7-9-96

12. OFFICERS AND DIRECTORS

TITLE PDST
NAME NILES, CINDY LEE
STREET ADDRESS 532 N. RIDGEWOOD AVENUE
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CINDY LEE NILES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-13-96

Daytime Phone #

904-238-4433

CR2E034 (3/96)