


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

FILED
Apr 23 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S27939 (5)
1. Corporation Name
NAIL WORKS II, INC.



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| Principal Place of Business 1413 SW HUTCHINS ST PORT ST LUCIE FL 34983 | Mailing Address 1413 SW HUTCHINS ST PORT ST LUCIE FL 34983-3043 |
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|--|--|---|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business 21 9287 SE MAST TERR. Suite, Apt. #, etc. | | 2a. Mailing Address 26 9287 SE MAST TERR. Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 01/28/1991 | | 3a. Date of Last Report 04/26/1996 | |
| 22 Hobe Sound City & State | | 27 Hobe Sound FLORIDA City & State | | 4. FEI Number 65-0239800 | | Applied For Not Applicable | |
| 23 33455 Zip | | 25 U.S.A. Country | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 24 33455 Zip | | 25 U.S.A. Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 26 33455 Zip | | 27 U.S.A. Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent NEUMANN, WENDY P 1413 SW HUTCHINS ST PT ST LUCIE FL 34983 | | | | 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-----------------------|--|--|---|---|--|--|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NEUMANN, WENDY PERLIN | | | 1.2 NAME | | | |
| STREET ADDRESS | 1413 SW HUTCHINS ST | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PORT ST LUCIE FL | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NEUMANN, FRED W | | | 2.2 NAME | | | |
| STREET ADDRESS | 1413 SW HUTCHINS ST | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | PORT ST LUCIE FL | | | 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 do 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: *Wendy Perslin Neumann* 4-17-97 220-16610

CR2E034 (9/96)