FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

EXAMINED AND FILED
95 MAY 23 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S48408** **(6)**

1. Corporate Name
NAIL MAGIC OF BROWARD, INC.

Principal Place of Business
35 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

Mailing Address
35 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/25/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: **65-0255651** — Applied For / Not Applicable

Suite Apt. # — 22
Suite Apt. # — 27

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

24 25 29 30

8. [illegible] Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

PAZIN, MELISSA
340 S.E. 13TH AVENUE
POMPANO BEACH FL 33060

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 607.0501 and 607.0505 Florida Statutes, the above named corporation submits the statement of its 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. Florida, and the appointed as registered agent, has agreed to act in this capacity. I further agree to comply with the provisions of Section 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

P
NAME: PAZIN, MELISSA M.
STREET ADDRESS: 340 SE 13TH AVE.
CITY, ST, ZIP: POMPANO BEACH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I 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)(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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added herein with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/95
Date

(305) 941-9003
Daytime Phone

0103965 CP