

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

FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S56411** (9)

1. Corporation Name
ABOUT NAILS, INC.



Principal Place of Business C/O LAURIE GAUDIO 8735 RAMBLEWOOD DRIVE CORAL SPRINGS FL 33071	Mailing Address C/O LAURIE GAUDIO 8735 RAMBLEWOOD DRIVE CORAL SPRINGS FL 33071-7198
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3. Date Incorporated or Qualified 05/28/1991	3a. Date of Last Report 04/25/1996
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4. FEI Number 65-0269963	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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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10. Name and Address of New Registered Agent

2. Principal Place of Business 21. 1617 VERA CRUZ LANE State, Apt. #, etc. 22. n/a City & State 23. WESTON, FLORIDA Zip 24. 33327	2a. Mailing Address 26. 1617 VERA CRUZ LANE State, Apt. #, etc. 27. n/a City & State 28. WESTON, FLORIDA Zip 29. 33327
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9. Name and Address of Current Registered Agent
**GAUDIO, LAURIE
8735 RAMBLEWOOD DR
CORAL SPRINGS FL 33071**

81. Name GAUDIO, LAURIE
82. Street Address (P.O. Box Number is Not Acceptable) 1617 VERA CRUZ LANE
83.
84. City WESTON
85. Zip Code FL 33327

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: *Laurie Gaudio*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PVS	<input type="checkbox"/> DELETE
NAME	GAUDIO, LAURIE	
STREET ADDRESS	8735 RAMBLEWOOD DR	
CITY- ST- ZIP	CORAL SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GAUDIO, LAURIE	
STREET ADDRESS	8735 RAMBLEWOOD DR	
CITY- ST- ZIP	CORAL SPRINGS FL	
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		

1.1 TITLE	PVS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GAUDIO, LAURIE	
1.3 STREET ADDRESS	1617 VERA CRUZ LANE	
1.4 CITY- ST- ZIP	WESTON, FL. 33327	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GAUDIO, LAURIE	
2.3 STREET ADDRESS	1617 VERA CRUZ LANE	
2.4 CITY- ST- ZIP	WESTON, FL. 33327	
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 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: *Laurie Gaudio* Laurie Gaudio

DATE

Daytime Phone #

4/2/97 954-349-1772

0150569

CR2E034 (9/96)