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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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(7)

FILED May 06 1997 8:00am Secretary of State

| THE NAIL BOUTIQUE, INC. Principal Place of Business Mailing Address 114 LIVE OAK STREET NEW SMYRNA BEACH FL 32168 THE NAIL BOUTIQUE, INC. Mailing Address 114 LIVE OAK STREET NEW SMYRNA BEACH FL 32168-7114 | | | | | | | | 1811 5 5 1 5 1 | 1011 013 11 1 1 | | |
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| | | | | | • | | 3. Date Incorporated or Qualified 10/28/1991 | | ite of Las | | |
| 2. Principal i | Place of Business | 2a. M | ailing Address | | | | 4. FEI Number | 1 | | Applied Fo | ır |
| 21 | | 26 | | | | | 59-3095998 | | | Not Applica | |
| Suite, Apt 22{ | t #, etc | 27 | iite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | 5 Additiona Regulred | rl . |
| City & Sta | ite | | ty & State | · | | · | 6. Election Campaign Financing | ~ ~~~ | \$5.0 | 00 May Be | |
| 23 | er min ag eger men men ag ager enne en fyr e spranned bleggen enne it. Mangang minde Wagnagen midd Phops | 28 | | | | | Trust Fund Contribution | | | ed to Fees | |
| - Z ф Т.Т | Country | Z ₁ | P | Cou | ntry | | B. This corporation has liability for it | | | er s. 199.032 | 2, |
| 24 | 25 9. Name and Address of Curr | 29 ent Registere | ed Agent | 30 | | | Florida Statutes 10. Name and Address of New Re | | No Agent | | -, |
| DIV | ON, CHERYL | | | | 81 N | ame | 10, 110110 | | | | |
| | LIVE OAK STREET | | | | - | | (D.O. Day Marsharia Nat. Assessable | | | | |
| | W SMYRNA BEACH FL 32168 | | | | 82 SI | Teet Addre | ess (P.O. Box Number is Not Acceptab | неј | | | |
| | | | | ſ | 83 | | | | | | |
| | | | | | 84 C | ty | | | 85 Z | ip Code | |
| | and the second s | | | | ĺ | • | oration submits this statement for the p ion's board of directors. I hereby accep | FL | | • | |
| SIGNATURE | Signature ingrenous printed name of registered a | agent and title if ap | | | | | ed when reinstating) | DATE | | | |
| | | IND DIRECTO |)RS | 13. | | | | | DIRECT | ORS IN 12 | |
| 12. Titl t | | ND DIRECTO | Drs Delete | 13. | LE | | ADDITIONS/CHANGES TO OFFIC | | DIRECT Change | | ition |
| | PD DIXON, CHERYL | IND DIRECTO | ······································ | | | | | | | | noitic |
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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; the name 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.