

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V46499 (2)

1. Corporation Name
ARMONDS NAIL'S & SKIN CARE SALON OF PALM BEACH, INC.



Principal Place of Business
350 ROYAL POINCIANA WAY SUITE 1 PALM BEACH FL 33480

Mailing Address
350 ROYAL POINCIANA WAY SUITE 1 PALM BEACH FL 33480

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip Country

3. Date Incorporated or Qualified **06/29/1992** 3a. Date of Last Report **05/01/1995**

4. FLEINumber **65-0343004** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**HGARBAUGH, LINDA
350 ROYAL POINCIANA WAY SUITE 1
PALM BEACH FL 33480**

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 607.0602 and 607.1501, 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 approved 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 607.0605, Florida Statutes.

SIGNATURE _____ (Name of Registered Agent)
OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: HARBAUGH, LINDA F STREET ADDRESS: 350 ROYAL POINCIANA WAY #1 CITY-STATE-ZIP: PALM BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: CAMPANA, JOHANNA STREET ADDRESS: 2663 LALIQUE CIR CITY-STATE-ZIP: PALM BEACH GRDNS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [] DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I am not claiming the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on the front of this report or supplementary annual report is true and correct 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 registered agent, and that the results hereon are required to be filed 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: *Linda F. Harbaugh* 3/18/96 407 (6537056)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)