

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P92000011523 (7)

1. Corporation Name
STAR ACADEMY FOR PET STYLISTS, INC.



Principal Place of Business
2201 SE INDIAN ST.
C-7
STUART FL 34997
US

Mailing Address
P.O. BOX 7283
JUPITER FL 33468
US

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip		Country			Zip		Country		

3. Date Incorporation Qualified	3a. Date of Last Report
12/07/1992	03/10/1995
4. FEIN Number	Applied For Not Applicable
65-0376304	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent

HOLLINGSWORTH, TAMARA
1127 SEMINOLE EAST 9A
JUPITER FL 33477

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1538, 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 by officer/director/trusted agent of the corporation

Signature by New Agent

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.	DP	[] DELETE	13.	11 TITLE	[] Change	[] Addition
NAME	HOLLINGSWORTH, TAMARA		12 NAME			
STREET ADDRESS	1127 SEMINOLE EAST 9A		13 STREET ADDRESS			
CITY-STATE-ZIP	JUPITER FL		14 CITY-STATE-ZIP			
15 TITLE	VP	[] DELETE	21 TITLE		[] Change	[] Addition
NAME	HOLLINGSWORTH, CURTIS		22 NAME			
STREET ADDRESS	1127 SEMINOLE E 9-A		23 STREET ADDRESS			
CITY-STATE-ZIP	JUPITER FL		24 CITY-STATE-ZIP			
16 TITLE		[] DELETE	31 TITLE		[] Change	[] Addition
NAME			32 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-STATE-ZIP			34 CITY-STATE-ZIP			
17 TITLE		[] DELETE	41 TITLE		[] Change	[] Addition
NAME			42 NAME			
STREET ADDRESS			43 STREET ADDRESS			
CITY-STATE-ZIP			44 CITY-STATE-ZIP			
18 TITLE		[] DELETE	51 TITLE		[] Change	[] Addition
NAME			52 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-STATE-ZIP			54 CITY-STATE-ZIP			
19 TITLE		[] DELETE	61 TITLE		[] Change	[] Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-STATE-ZIP			64 CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(c), 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 any attachment with an address.

SIGNATURE: *Tamara Hollingsworth* TAMARA HOLLINGSWORTH Feb 28, 96 221-9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)