

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

FILED

**Feb 06 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33468-7283
US**

3. Date Incorporated or Qualified
12/07/1992

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 **2201 SE Indian St**

Suite, Apt. #, etc.

27 **# C-7**

28 City & State

Stuart, FL

29 Zip

30 Country

34997

Martin

4. FEI Number

65-0376304

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

9. Name and Address of Current Registered Agent

**HOLLINGSWORTH, TAMARA
1127 SEMINOLE EAST 9A
JUPITER FL 33477**

10. Name and Address of New Registered Agent

81 Name

Hollingsworth, TAMARA

82 Street Address (P.O. Box Number is Not Acceptable)

515 SW ST LUCIE Street

83

84 City

Stuart

FL

85 Zip Code

34997

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

Tamara Hollingsworth

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-31-97

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** DELETE
NAME **HOLLINGSWORTH, TAMARA**
STREET ADDRESS **1127 SEMINOLE EAST 9A**
CITY - ST - ZIP **JUPITER FL**

TITLE **VP** DELETE
NAME **HOLLINGSWORTH, CURTIS**
STREET ADDRESS **1127 SEMINOLE E 9-A**
CITY - ST - ZIP **JUPITER FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** Change Addition
1.2 NAME **Hollingsworth, Tamara**
1.3 STREET ADDRESS **515 SW St LUCIE Street**
1.4 CITY - ST - ZIP **Stuart, FL 34997**

2.1 TITLE **VP** Change Addition
2.2 NAME **Hollingsworth, Curtis**
2.3 STREET ADDRESS **515 SW St LUCIE Street**
2.4 CITY - ST - ZIP **Stuart FL 34997**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE Change 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:

Tamara Hollingsworth, pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-31-97

Daytime Phone #

CR2E034 (9/96)