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

Mailing Address

3335 NO UNIVERSITY DRIVE

HOLLYWOOD FL 33024

2a. Mailing Address

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G83059

Principal Place of Business

3335 NO UNIVERSITY DRIVE

2. Principal Place of Business

Suite, Apt. #, etc.

HOLLWOOD FL 33024

ABOUT GROOMING LADY AND THE TRAMP, INC.

22					27					5. Certificate of Status Desired		Fee R	equired
City & State					City & State					6. Election Campaign Financing		\$5.00	May Be
23					8					Trust Fund Contribution			to Fees
Zip Country					Zip Cou			Country		8. This corporation owe's the curren	nt year Inta	ngible	V
24	25 29 30						<u> </u>			Personal Property Tax.	_	☐ Yes	No
Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent			
SMITH, VICKIE L. 2350 ELM COURT PEMBROKE PINES FL 33026								81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
								4 City 85 Zip Code					
.11. Pursuant	to the provis	ions	of Sections 607.0502	and 6	607.1508, Florida Stat	utes, th	e above	e-nai	ned corpo	ration submits this statement for the property appears	urpose of c	hanging its	registered
oπice or a	registered ag am familiar wi	ent, t th, a	or both, in the State of nd accept the obligation	riori ns of	f, Section 607.0505, F	lorida S	izeo by Statutes.	ine i	огрогацоп	i's board of directors. I hereby accept	me appoin	unent as re	gistered
SIGNATURE													
SIGNATORE	Signature, typed	or prir	ited name of registered agent a	nd title	if applicable. (NO	TE: Regis	tered Agen	nt signa	ture required	when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS						13.			ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	PD DELETE											☐ Change	☐ Addition
NAME	SMITH, VICKIE L.						1.2 NAME						
STREET ADDRESS								T ADDF	≀ES\$				
CITY-ST-ZIP	PEMBRO	KE F	ANES FL			1	4 CITY-ST	T-ZIP					
TITLE					☐ DELETE	2	1.1 TITLE					☐ Change	☐ Addition
NAME						2	.2 NAME			•			
STREET ADDRESS	;					2	3 STREET	T ADDF	≀ESS				
CITY-ST-ZIP						2	. 4 CITY+S	T-ZIP					
TITLE					☐ DELETE	3	1.1 TITLE					Change	☐ Addition
NAME						3	.2 NAME						
STREET ADDRESS						3	.3 STREET	FADDA	≀ESS				•
CITY-ST-ZIP						3	.4. CITY-S	T-ZIP					
TITLE					☐ DELETE	4	I TITLE					☐ Change	Addition
NAME						4	2 NAME						
STREET ADORESS						4	.3 STREET	T ADDF	tess				
CITY-ST-ZIP						4	.4 CITY-S1	T-ZIP					
TITLE					DELETE		.1 TITLE					Change	Addition
NAME						5	.2 NAME						
STREET ADDRESS	i					5	.3 STREET	ADDF	tESS				
CITY-ST-ZIP							.4 CITY-\$1	T-ZIP					
TITLE					☐ DELETE		i.1 TITLE					☐ Change	Addition
NAME						6	.2 NAME						ì
STREET ADDRESS	;					6	.3 STREET	FADOF	ESS				
CITY-ST-ZIP							.4 CITY-\$1						
14. I hereby	certify that the	e info	ormation supplied with	this 1	filing does not qualify to	for the	exempti	ion s	ated in Se	ection 119.07(3)(i), Florida Statutes. I f	urther certi	fy that the	information

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, with all other like empowered.

FILED

Jan 23, 1999 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

02/02/1984

59-2506756

4. FEI Number

01-23-1999 90057 045 ***150.00