


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

1062

PROFIT CORPORATION ANNUAL REPORT 1998-1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J69396 (6) 1. Corporation Name LI'L PIDDLERS DOG GROOMING, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 830 E OAKLAND PK BLVD FT LAUDERDALE FL 33334 US		Mailing Address 830 E OAKLAND PK BLVD FT LAUDERDALE FL 33334 US	
2. Principal Place of Business 21 2102 NE 68 ST. Suite, Apt. & etc. 22 See attached City & State 23 Ft. Lauderdale, FL Zip 24 33334		2a. Mailing Address 26 2102 NE 68 ST. Suite, Apt. & etc. 27 See attached City & State 28 Ft. Lauderdale, FL Zip 29 33334 Country 30 Broward	
3. Date Incorporated or Qualified 04/24/1987		4. FEI Number 65-0002794	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent VIGER, CONSTANCE H 2102 NE 68 ST FORT LAUDERDALE FL 33334		10. Name and Address of New Registered Agent 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 607.0502 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY - ST - ZIP 11 PD 12 VIGER, CONSTANCE H. 13 2102 NE 68 ST 14 FT LAUDERDALE FL 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	

14. I 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: *[Signature]* 10-10-99 10-10-99 10-10-99

2012

6-2-99

Division of Corp.:

Please be advised that I did not receive my Corporate Annual Report. Please accept my fee of \$150⁰⁰ along with my new change of address. Sorry for the delay.

Sincerely

Constance A. Vigier

New address. 6411 Branchwood Dr.
Lake Worth, Fl. 33467

New phone # 561-432-7985