

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

FILED

Feb 25 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 # L33358 (7)
1. Corporation Name
LOVING TOUCH MOBILE DOG GROOMING, INCORPORATED



Principal Place of Business
48 JASMINE LAKE
SUITE 16-6
DAVIE FL 33325
US

Mailing Address
12850 STATE ROAD 84
SUITE 16-6
FT. LAUDERDALE FL 33325-3318
US

3. Date Incorporated or Qualified
11/28/1989

3a. Date of Last Report
04/19/1996

2. Principal Place of Business
21 4089 123 Trail North
Suite, Apt. #, etc.

2a. Mailing Address
26 4089 123 Trail North
Suite, Apt. #, etc.

4. FEI Number
65-0175073

Applied For
Not Applicable

22 City & State
27 Royal Palm Beach, FL

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

23 33411 US
28 33411 US

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

24 33411 US
29 33411 US

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

9. Name and Address of Current Registered Agent
ROMA, NICHOLAS
12850 STATE ROAD 84
FT. LAUDERDALE FL 33325

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4089 123 Trail North
83
84 City
Royal Palm Beach FL
85 Zip Code
33411

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	ROMA, NICHOLAS	12850 STATE ROAD 84	FT LAUDERDALE FL	<input type="checkbox"/>
VD	ROMA, MAURA	12850 STATE ROAD 84	FT LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
		4089 123 Trail North	Royal Palm Beach FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
		4089 123 Trail North	Royal Palm Beach FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: Nicholas Roma 2/10/97 (561) 792-0173
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)