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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000022922 (7)

ALL AMERICAN SCHOOL OF DOG GROOMING, INC.

2007 PINE HILLS RD. 2607 PINE HILLS RD. ORLANDO FL 32908 ORLANDO FL 32808 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>03/25/1993</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-3172410 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired ▢ Fee Required 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Ζip Country 8. This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. Yes Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CARNLEY, ROSEMARY 2607 PINE HILLS RD. Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32808 City 84 Zip Code 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, lyped or printed name of registered agent and title if applicable (NOTE Registered Agent signature requi ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE Change Addition 11 TITLE TITLE CARNLEY, ROSEMARY 1.2 NAME NAME 2607 PINE HILLS RD. 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY - ST - ZIP CITY-SI-ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change __ Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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.

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

CIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TIFLE

mark maller Son

DELETE

3/2/98 (400)093-5339

Change

Addition

FILED

Mar 23 1998 8:00am

Secretary of State

CR2E034 (10/97)