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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000040992 (8)

CENTRAL FLORIDA SCHOOL OF DOG GROOMING, INC.

FILED Apr 22 1998 8:00am Secretary of State



\$40 S. HANSEL ORLANDO FI. 32009 2. Principal Place of Pusinices 2. Ameling Address Suite, Apt. 4, etc. 2. Suite, Apt. 4, etc. 3. Certificate of Status Desired \$8.07.5 Addressed Rep Required \$8.07.5 Addressed \$9									
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PROESEL, GLENN H 5450 8. HANSEL ORLANDO FL 32809	24]			[30]					
5450 8. HANSEL ORLANDO FL 32809 58 City FL 85 Zip Code	PR				81	Name	In. Italia and Address of Herr Hagistere	a Agent	
ORLANDO FL 32809 Ball City FL Bb Zip Code						0			
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the above-named corporation submits this statement for the purpose of changing its register of 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, 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, 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, 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, or both in the statement of the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutos. SIGNATURE Signature, hyerotic periodic florida in the statement of the purpose of changing its registered agent, or both in the statement of the purpose of changing its registered agent, or both in the corporation's board of directors. I hereby accept the obligations of, Section 607,0505, Florida Statutos. Signature the purpose of changing its registered agent, or both in the corporation's board of directors. I hereby accept the obligations of changing its registered agent, or both in the corporation's board of directors. I hereby accept the obligations of changing its registered agent, or both in the corporation's board of directors. I hereby accept the obligations is registered agent, or both in the corporation's board of directors. I hereby accept the obligations is registered agent, or both in the corporation's board of directors. I hereby accept the obligations is registered agent, or both in the corporation's board of directors. I hereby accept the obligations. I hereby accept the obligations. I hereby accept the obligations. I hereby accept the obliga						Street Addi	ress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Socions 607,0502 and 607,1508. Florida Statutos, the above-named corporation submite this statement for the purpose of changing its register of director or registered agent, or both, in the State of Broida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Broida Statutor Principle of the Corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Broida Statutor. 12. OFFICERS AND DIRICTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRICTORS IN 12 11. TITLE 12. OFFICERS AND DIRICTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. TITLE 16. TITLE 17. OFFICERS AND DIRICTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. TITLE 10. DELETE 10. 10. DEL				1	83				
1.1 Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes office or registered agent. I are registered as a registered of the corporation's board of directors. I hereby accept the appointment as registered agent. I are registered as a register				r	84	City		85 Zip	Code
SIGNATURE	11. Pursuant i	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	itas the ab		a-named corr	paration submits this statement for the nursess	- I obsessing	ita sagiatasad
Signature Pay Soft protect angular and the diagraphic (NOTE Regalations Agent signature required when renetating) DATE		e gister ed agent, or both, in the State m f a miliar with, and accept the obligi	of Florida. Such change was ations of, Section 607,0505, F	authorized Iorida Statu	by Ites	the corporat	tion's board of directors. I hereby accept the ap	pointment as	registered
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		Signature, typed or printed name of registered age	nt and bile if applicable (NO	11 Registered	Age	nt signature requir	red when reinstation) DATE		
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14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes, I further certify that the information		actific bland that information	AL ACCUSED AND A STATE OF THE S						

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 trusted 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.