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

CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000050855 (4)

FILED Apr 02 1998 8:00am Secretary of State

1. Corporation Name LIL' RASCAL	S PET GROOMING,	INC.			
Principal Place of But	siness	Mailing Address		I NABELINAL INA HABAT ININ BRUH ABUNK MAN	i Baiat Bitti abtat latar atiat bitt iddt
1654 PROVIDENCE BLVD. 1654 PROVIDENCE BLV(DELTONA FL 32725 DELTONA FL 32725).	DO NOT WRITE	ALTURO ODAOE	
					IN THIS SPACE
				Date Incorporated or Qualified 07/13/1993	
2. Principal Place of	Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-3205218	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible
24	25	29	30	Personal Property Tax due June :	
	lame and Address of Curr		81 Name	10. Name and Address of New Reg	Istered Agent
LA	URA WEST	>	B1 Name	GINA M. Schul	1/2_
DEL DEL	URA WEST 6 3. PAGE JONA, FIA. B	2725	82 Stroel Adv 83 84 City	HUNKIN CA	e)
11. Pursuant to the p	provisions of Sections 607.0	502 and 607,1508. Florida Statu	tes, the above-named co	ECTONA reporation submits this statement for the pu	FL 32736
office or registere	ad agent, or both, in the Sta	ite of Florida, Such change was	authorized by the corpora	rporation submits this statement for the pration's board of directors. I hereby accept	the appointment as registered
. //	iar wiini, and access the ob	ligations of Section 607.0505, FI	orida Statules.	m Solunds	3.77.9B
SIGNATURE Sign	and or printed frame of registered	agent and title it applicable (NO	ff: Registered Agent signature requ	uired when reinstating)	DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE 🕡 🗸	AURA WEST	→ DELETE	1.1 TITLE	GINA M. Schul	☐ Addition
NAME	MURA WEST 654 PAGE DOLTONA, PIA.	DR.	1.2 NAME	BINA M. Schn. BOOL HUNKIN C DeltenA, FlA	R.
STREET ADDRESS Z	DELTONA, PIA.	32725	1.3 STREET ADDRESS	The state of the	クリファ
CHT-SI-ZIP	, , , , , , , , , , , , , , , , , , , ,		1.4 CITY - ST - ZIP	DEXIGNIF, FIA:	
TITLE)		L DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP		
NAME					Change Addition
STREET ADDRESS			3.1 TITLE		Change Addition
STREET MUUNESS		_ ween	3.2 NAME		☐ Change ☐ Addition
CITY CT 71D		_ been	3.2 NAME 3.3 STREET ADDRESS		Change Addition
CITY+ST-ZIP		_	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP		
TITLE		DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition☐ Change ☐ Addition☐
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition☐ Change ☐ Addition☐

Indicated on this annual report or supplied will 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 suppliemental 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 charged, or on an attachment with an address.