

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000003230 (7)

1. Corporation Name

GROOMING BY TINA, INC.



Principal Place of Business

2831 NORTH FEDERAL HIGHWAY UNIT 9
BOCA RATON FL 33431

Mailing Address

2831 NORTH FEDERAL HIGHWAY UNIT 9
BOCA RATON FL 33431

3. Date Incorporated or Qualified
01/13/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0473413

Applied For
Not Applicable

22

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL CHTRD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81

Name Tina Magro

82

Street Address (P.O. Box Number Not Acceptable)

83

2831 N. Federal Highway #9

84

City Boca Raton

FL

85

Zip Code 33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 obligation of, Section 607.0504, Florida Statutes.

SIGNATURE

Tina Magro

Title: Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME P
STREET ADDRESS MAGRO, TINA M
CITY-ST-ZIP 2831 NORTH FEDERAL HIGHWAY UNIT 9
BOCA RATON FL 33431

TITLE
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CITY-ST-ZIP

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1. TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

2. TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3. TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4. TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5. TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6. TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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-05/29/96--01021--033
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Tina Magro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TINA MAGRO

4-26-96

407-362-4117

CR2E034 (12/95)