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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400003230 (7)

GROOMING BY TINA, INC.

Mailing Address Principal Place of Business 2831 NORTH FEDERAL HIGHWAY UNIT 9 2831 NORTH FEDERAL HIGHWAY UNIT 9 **BOCA RATON FL 33431 BOCA RATON FL 33431-6808** 3. Date Incorporated or Qualified 3s. Date of Last Report 01/13/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 65-0473413 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Ziro Country 8. This corporation has liability for imangible tax under s. 199.032, Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MAGRO, TINA M. 2831 NORTH FEDERAL HIGHWAY UNIT 9 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 83 City Zip Code 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) Stignarure, typod or printed name of registered agent and title if applicable (96/6)12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1 1 TITLE TITLE MAGRO, TINA M NAME 1.2 NAME 2831 NORTH FEDERAL HIGHWAY UNIT 9 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE NAME 2.2 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE DICE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-\$1-70 DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 11/14 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CHY-ST-ZiP DELETE Addition 61 TITLE TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CHY-ST-76 64 CITY-ST-ZIP

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.

wo SIGNATURE: 🔼 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

Apr 14 1997 8:00am

Secretary of State