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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600083241 (5)

PAULA'S DOG GROOMING, INC.

Principal Place of Business

Mailing Address

FILED May 19 1997 8:00am Secretary of State



3245 FOREST HILL BLVD. WEST PALM BEACH FL 33405			3245 FOREST HILL BLVD. WEST PALM BEACH FL 33406-5854				
					3. Date Incorporated or Qualified 10/07/1996	3a. Date of Last	Report
2. Principal P	Place of Business	2a. Mailing Address	. Mailing Address		4. FEI Number		Applied For
21		26			65-0697838	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	······································		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country Zip		Cour	ntry	8. This corporation has liability for i	ntangible tax under	s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Cur	rrent Registered Agent			10. Name and Address of New Re	gistered Agent	
YEEND, JOHN MICHAEL 1109 SOUTH CONGRESS				81 Name			
WEST PALM BEACH FL 33406			Į		dress (P.O. Box Number is Not Acceptat.	ole)	
•				83	·		
				84 City		FL 85 Z1	Code
11. Pursuant office or agent. I a	to the provisions of Sections 607, registered agent, or both, in the S am familiar with, and accept the of	0502 and 607.1508, Florida S tate of Florida. Such change v bligations of, Section 607.050	Statutes, the abwas authorized 5, Florida Stati	ove-named cor I by the corpora ites.	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of changing of the appointment a	its registered is registered
SIGNATURE							
	Signalure, typed or printed name of registered	the control of the co	(NOTE: Registered	Agent a gnature requ	ured when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE.	DO IN 10
12.	OFFICERS	AND DIRECTORS DELETI			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	
NAME	MABRY, PAULA	1.2				Onlings	
STREET ADDRESS	DAME IDA WAY			REET ADDRESS			
	WEST DAIM DEACH EL 22/16			Y-\$1-7IP			
CITY-ST-ZIP		DELETI				☐ Change	Addition
NAME			2.2 NA				
STREET ADDRESS	1			REET ADDRESS			
CITY-ST-ZIP				TY-SI-ZIP			
TITLE		DELETI				Change	Addition
NAME		·	3.2 NA			Ĭ	
STREET ADDRESS			3.8 ST	REF1 ADDRESS			
CITY-ST-ZIP			4	TY-\$1-7IP			
TITLE	DELETE 4.11					☐ Change	Addition
NAME	1		4. 2 N	/WE			
STREET ADDRESS			4.3 \$1	REE1 ADDRESS			
CITY-ST-ZIP		V (F) (FOR 2)		Y - S1 - ZIP			
TITLE		DELETI	5.110	LE		☐ Change	Addition
NAME			5 ? NA	ME			
STREET ADDRESS			5 3 ST	REE1 ADDRESS			
CITY-ST-ZIP				Y - S1 - 7IP			
TITLE		☐ DELET	E 61 TH	LF		Change	Addition
NAME			6.2 NA	ME			
STREET ADDRESS			63 \$1	HEET ADDRESS			
CITY-ST-ZIP			6.4 00	IY-S1-7IP			

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 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 changed, or on an attachment with an address.

DIGHTIPE Sel Smil