

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90236 001 \*\*\*150.00

DOCUMENT # P96000090059

1. Corporation Name PAMPERED HANDS AND FEET, INC.

Principal Place of Business 10903 N. DALE MABRY HWY. TAMPA FL 33618 US Mailing Address 10903 N. DALE MABRY HWY. TAMPA FL 33618 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21, 22, 23, 24 Suite, Apt. #, etc. City & State Zip Country 25, 26, 27, 28, 29, 30 2a. Mailing Address 26, 27, 28, 29, 30 Suite, Apt. #, etc. City & State Zip Country

3. Date Incorporated or Qualified 10/28/1996 4. FEI Number 59-3427610 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent KALINKIEWICZ, D 10903 N DALE MABRY HWY TAMPA FL 33618

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Row 1: D, KALINKIEWICZ, DONNA, 10903 N. DALE MABRY HWY., TAMPA FL.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

4/19/99 813-265-2469

CR2F034 (1/98)