

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

FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S84384 (4)

1. Corporation Name
A POSH PAWS GROOMING SALON, INC.



Principal Place of Business 10501-1 SAN JOSE BLVD. JACKSONVILLE FL 32257 US	Mailing Address 10501-1 SAN JOSE BLVD. JACKSONVILLE FL 32257 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/01/1991	
4. FEI Number 59-3108243	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HAUCKE, CONNIE
 9848 MOORINGS DRIVE
 JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name PATRICIA A. BUCHO	
82 Street Address (P.O. Box Number is Not Acceptable) 260 JACKSON ROAD	
83 City	
84 City JACKSONVILLE, FL	85 Zip Code 32225

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 *Patricia A. Bucho* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PVT	<input type="checkbox"/> DELETE
NAME HAUCKE, CONNIE	
STREET ADDRESS 9848 MOORINGS DR	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE SDC	<input type="checkbox"/> DELETE
NAME HAUCKE, CONNIE	
STREET ADDRESS 9848 MOORINGS DR	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE M	<input type="checkbox"/> DELETE
NAME HAUCKE, CONNIE	
STREET ADDRESS 9848 MOORINGS DR	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME PATRICIA A. BUCHO	
1.3 STREET ADDRESS 260 JACKSON ROAD	
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32225	
2.1 TITLE SDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME PATRICIA A. BUCHO	
2.3 STREET ADDRESS 260 JACKSON ROAD	
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32225	
3.1 TITLE M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME PATRICIA A. BUCHO	
3.3 STREET ADDRESS 260 JACKSON ROAD	
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32225	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE *Patricia A. Bucho*

CR2E034 (10/97)