## 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

## DOCUMENT # **S88558** 1. Corporation Name

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90100 006 \*\*\*150.00

| TRACY'S PET GROOMING CENTER,   | INC.  |  |  |   |                          |   |
|--|---|--|--|---|--------------------------|---|
| Principal Place of Business  | Mailing Address   |  |  | T FORTYBUR SON NOTION (BLICK BITION DITION SOLI A | INTERNATION OF STREET    | Alt Bibli 418(1144)                       |
| 929 NE 19TH AVE  | 929 NE 19TH AVE   |  |  | · .   |                          |   |
| FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304  |   |  |  | DO NOT WRITE IN THIS SPACE                        |                          |   |
|  |   |  |  | 3. Date Incorporated or Qualifed                  | TIIS SEACE               |   |
|  |   |  |  | 10/18/1991  |                          | ļ   |
| 2. Principal Place of Business   | 2a. Mailing Address   | · · · · · · · · · · · · · · · · · ·  |  | 4. FEI Number                                     |                          | Applied For                               |
| 21 26 26   |   |  |  | 65-0155807  | H                        | Not Applicable                            |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |   |  |  |   | \$8.7                    | 5 Additional                              |
| 22 27  |   |  |  | 5. Certificate of Status Desired                  | Fee                      | Required                                  |
| City & State   | City & State  |  |  | 6. Election Campaign Financing                    | \$5.0                    | <b>00</b> May Be                          |
|  | 28  |  |  | Trust Fund Contribution                           | Add                      | ed to Fees                                |
| Zip Country  | Zip   | _ Country  |  | 8. This corporation owes the current year         |                          | [   |
| 24 25  | 29 3  | 0  |  | Personal Property Tax.                            | ☐ Yes                    | □No                                       |
| 9. Name and Address of Current   | Registered Agent  | 81   | Name   | 10. Name and Address of New Registe               | rea Agent                |   |
| BARNES, TRACY E  |   | 61   | Manie  | <u></u>   |                          |   |
| 929 NE 19TH AVE  |   | 82   | Street Add   | fress (P.O. Box Number is Not Acceptable)         |                          |   |
| FT LAUDERDALE FL 33304   |   | 83   |  |   |                          |   |
| FI LAUDENDALE FL 33304   |   | 63   |  |   |                          | ]   |
|  |   | 84   | City   |   | FL 85                    | Zip Code                                  |
|  |   |  |  |   |                          | ite registered                            |
| <ol><li>Pursuant to the provisions of Sections 607.0502</li></ol>  | and 607.1508, Florida Statutes  | , the above  | -named con   | poration submits this statement for the purpos    | se oi changini           | a registered                              |
| Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation SIGNATURE   | of Florida. Such change was autions of, Section 607.0505, Florid  | norized by<br>da Statutes  | the corporat   | ion's board of directors. I hereby accept the a   |                          | s registered                              |
| office or registered agent, or both, in the State o<br>agent. I am familiar with, and accept the obligation<br>SIGNATURE Signature, typed or printed name of registered agent  | of Florida. Such change was autions of, Section 607.0505, Florid  | norized by<br>da Statutes<br>Registered Agen   | the corporat   | red when reinstating)                             | Е                        |   |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND   | of Florida. Such change was autions of, Section 607.0505, Florid  | norized by<br>da Statutes  | the corporat   | ion's board of directors. I hereby accept the a   | Е                        | CTORS IN 12                               |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE PSD  | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: R D DIRECTORS                                 | norized by da Statutes Registered Agen   | the corporat   | red when reinstating)                             | E<br>S AND DIREC         | CTORS IN 12                               |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND PSD  NAME BARNES, TRACY E   | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: R D DIRECTORS                                 | Registered Agen  13. 1.1 TITLE   | the corporati  | red when reinstating)                             | E<br>S AND DIREC         | CTORS IN 12                               |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of signature. SIGNATURE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS   | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: R D DIRECTORS                                 | tegistered Agen  13. 1.1 TITLE 1.2 NAME  | the corporation it signature requires  | red when reinstating)                             | E<br>S AND DIREC         | CTORS IN 12                               |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND PSD  NAME BARNES, TRACY E   | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: R D DIRECTORS                                 | legistered Agen  13. 1.1 TITLE 1.2 NAME  | the corporation it signature requires  | red when reinstating)                             | E<br>S AND DIREC         | CTORS IN 12                               |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state  | of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable (NOTE: RD DIRECTORS                                 | tegistered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S  | the corporation it signature requires  | red when reinstating)                             | E<br>S AND DIREC         | CTORS IN 12                               |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state  | of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable (NOTE: RD DIRECTORS                                 | torized by da Statutes  logistered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE  | the corporation of the corporati | red when reinstating)                             | E<br>S AND DIREC         | CTORS IN 12                               |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable (NOTE: RD DIRECTORS                                 | Indicated by the state of the s | at signature requir  | red when reinstating)                             | E<br>S AND DIREC         | CTORS IN 12  Inge Addition  Inge Addition |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state  | of Florida. Such change was autions of, Section 607.0505, Florida and title if applicable (NOTE: RD DIRECTORS                                 | tegistered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET  | at signature requir  | red when reinstating)                             | E<br>S AND DIREC         | CTORS IN 12  Inge                         |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state  | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: R D DIRECTORS  DELETE                         | tegistered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S   | at signature requir  | red when reinstating)                             | E S AND DIREC Char       | CTORS IN 12  Inge                         |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: R D DIRECTORS  DELETE                         | Indized by da Statutes  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2. 4 CITY-S 3.1 TITLE   | the corporation to signature requirements of ADDRESS T-ZIP   | red when reinstating)                             | E S AND DIREC Char       | CTORS IN 12  Inge                         |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: RD DIRECTORS)  DELETE  DELETE                 | Indized by da Statutes  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2. 4 CITY-S 3.1 TITLE 3.2 NAME  | it signature requir  I ADDRESS  T-ZIP  I ADDRESS  T-ZIP  | red when reinstating)                             | E S AND DIRECT Char      | CTORS IN 12  Inge Addition  Inge Addition |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: R D DIRECTORS  DELETE                         | tegistered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2. 4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET  | it signature requir  I ADDRESS  T-ZIP  I ADDRESS  T-ZIP  | red when reinstating)                             | E S AND DIREC Char       | CTORS IN 12  Inge Addition  Inge Addition |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: RD DIRECTORS)  DELETE  DELETE                 | tegistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S   | it signature requir  I ADDRESS  T-ZIP  I ADDRESS  T-ZIP  | red when reinstating)                             | E S AND DIRECT Char      | CTORS IN 12  Inge Addition  Inge Addition |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: RD DIRECTORS)  DELETE  DELETE                 | tegistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET   | it signature requir  I ADDRESS IT-ZIP  I ADDRESS IT-ZIP  I ADDRESS IT-ZIP  I ADDRESS IT-ZIP  | red when reinstating)                             | E S AND DIRECT Char      | CTORS IN 12  Inge Addition  Inge Addition |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: RD DIRECTORS)  DELETE  DELETE                 | tegistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S  | it signature requir  I ADDRESS IT-ZIP  I ADDRESS IT-ZIP  I ADDRESS IT-ZIP  I ADDRESS IT-ZIP  | red when reinstating)                             | E S AND DIRECT Char Char | CTORS IN 12  Inge                         |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: RD DIRECTORS)  DELETE  DELETE                 | tegistered Agen 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 5.3 TITLE 5.1 TITLE 5.1 TITLE  | it signature requir  I ADDRESS IT-ZIP  I ADDRESS IT-ZIP  I ADDRESS IT-ZIP  I ADDRESS IT-ZIP  | red when reinstating)                             | E S AND DIRECT Char      | CTORS IN 12  Inge                         |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: RD DIRECTORS)  DELETE  DELETE                 | Indized by da Statutes  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 5.3 TITLE 5.1 TITLE 5.2 NAME  | IT ADDRESS  | red when reinstating)                             | E S AND DIRECT Char Char | CTORS IN 12  Inge                         |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: RD DIRECTORS)  DELETE  DELETE                 | la Statutes  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET 5.3 STREET 5.3 STREET 5.3 STREET 5.3 STREET  | TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP   | red when reinstating)                             | E S AND DIRECT Char Char | CTORS IN 12  Inge                         |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: RD DIRECTORS)  DELETE  DELETE  DELETE  DELETE | tegistered Agen  13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.5 TITLE 5.5 NAME 5.5 STREET 5.4 CITY-S' 5.5 STREET 5.5 CITY-S' 5.5 CITY-S' 5.5 STREET 5.5 CITY-S' 5.5 CITY | TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP   | red when reinstating)                             | E S AND DIRECT Char Char | CTORS IN 12  Inge                         |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: RD DIRECTORS)  DELETE  DELETE                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S' 2.1 TITLE 2.2 NAME 2.3 STREET 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.1 TITLE 5.3 NAME 5.3 STREET 5.4 CITY-S' 6.1 TITLE   | TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP   | red when reinstating)                             | E S AND DIRECT Char Char | CTORS IN 12  Inge                         |
| office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of agent. I am familiar with, and accept the obligation of the state of the st | of Florida. Such change was autions of, Section 607.0505, Florid and title if applicable (NOTE: RD DIRECTORS)  DELETE  DELETE  DELETE  DELETE | TITLE  1.2 NAME  1.3 STREET  1.4 CITY-S  2.1 TITLE  2.2 NAME  2.3 STREET  2.4 CITY-S  3.1 TITLE  3.2 NAME  3.3 STREET  3.4 CITY-S  4.1 TITLE  4.2 NAME  4.3 STREET  5.1 TITLE  5.2 NAME  5.3 TREET  6.1 TITLE  5.2 NAME  6.3 STREET  6.1 TITLE  6.2 NAME   | TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP   | red when reinstating)                             | E S AND DIRECT Char Char | CTORS IN 12  Inge                         |

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:

TAMY BOWNS
ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR