

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P95000007759 (0)**  
 1. Corporation Name  
**K-9 PERFECTION DOG GROOMING INC**

Principal Place of Business      Mailing Address

**10425 TAMIAMI TR N  
 NAPLES FL 34108**      **10425 TAMIAMI TR N  
 NAPLES FL 34108**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>874 101ST AVE N</b> Suite, Apt. #, etc. 22 <b>NAPLES FL</b> City & State 23 <b>34108</b> Zip 24 <b>USA</b> Country	2a. Mailing Address 26 <b>874 101ST AVE N</b> Suite, Apt. #, etc. 27 <b>NAPLES FL</b> City & State 28 <b>34108</b> Zip 29 <b>USA</b> Country	3. Date Incorporated or Qualified <b>01/30/1995</b>	4. FEI Number <b>65-0557017</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PINTER, MICHAEL R  
 4328 CORPORATE SQ STE C  
 NAPLES FL 34104**

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 607.0507 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 607.0507, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D HUBERT, GREG</b> <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUBERT, GREG</b>	12 NAME	
STREET ADDRESS	<b>10425 TAMIAMI TR N</b>	13 STREET ADDRESS	<b>874 101ST AVE N</b>
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	14 CITY-ST-ZIP	<b>NAPLES FL 34108</b>
TITLE	<b>D HUBERT, CONNIE</b> <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUBERT, CONNIE</b>	22 NAME	
STREET ADDRESS	<b>10425 TAMIAMI TR N</b>	23 STREET ADDRESS	<b>874 101ST AVE N</b>
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	24 CITY-ST-ZIP	<b>NAPLES FL 34108</b>
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

**900002525069**  
**-05/15/98--01031--027**  
**\*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplies, if any, are 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 resident or holder empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this change, or as an attachment with an address.

SIGNATURE: *Connie Hubert*      4-27-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date

CR2E034 (10/97)