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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 744431 (8)
1. Corporation Name
DOG OBEDIENCE CLUB OF HOLLYWOOD, INC.



Principal Place of Business Mailing Address
6591 SW 45 ST DAVIE FL 33314 US
D.O. C.O.H. P.O. BOX 290505 DAVIE FL 33329-0505

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

3. Date Incorporated or Qualified 09/29/1978 3a. Date of Last Report 01/31/1996
4. FEI Number 59-0182722 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
THOMAS, JANA
8831 N.W. 14TH ST.
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
81 Name Arlene Nunez
82 Street Address (P.O. Box Number is Not Acceptable) 11751 SW 25th Street
83
84 City Davie, FL FL 85 Zip Code 33325

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Arlene Nunez* Arlene Nunez 1/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ORTIZ-DAVIS, IRAIDA	
STREET ADDRESS	2893 S EDGEHILL LANE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SHAW, VICKI WATTS	
STREET ADDRESS	3400 SW 137 AVE	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BORUSHOK, EDIE	
STREET ADDRESS	4731 N. 38TH STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FANKHAUSER, SANDRA	
STREET ADDRESS	4711 S.W. 186TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAUDERS, GLORIA	
STREET ADDRESS	5309 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, JANA	
STREET ADDRESS	8831 NW 14 ST	
CITY-ST-ZIP	PEMBROKE PINES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stacy Santarone	
3.3 STREET ADDRESS	5001 Arthur St	
3.4 CITY-ST-ZIP	Hollywood FL 33021	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Judy Argenbright	
5.3 STREET ADDRESS	8100 NW 47th Street	
5.4 CITY-ST-ZIP	Lauderdale FL 33351	
6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Arlene Nunez	
6.3 STREET ADDRESS	11751 SW 25th St	
6.4 CITY-ST-ZIP	Davie FL 33325	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arlene Nunez* Arlene Nunez, JANA 423 934 954

CR2E037 (9/96)