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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744431

1. Corporation Name
DOG OBEDIENCE CLUB OF HOLLYWOOD, INC.

Principal Place of Business 6591 SW 45 ST DAVIE FL 33314 US	Mailing Address D.O. C.O.H. P.O. BOX 290505 DAVIE FL 33329
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 09/29/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0182722 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent NUNEZ, ARLENE 11751 SW 25TH STREET DAVIE FL 33325	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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	ORITZ-DAVIS, IRAIDA 2893 S EDGEHILL LANE COOPER CITY FL	1.1 TITLE P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	FELDMAN, GEORGE 2151 NOVA VILLAGE DR DAVIE FL 33317	2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	SANTARONE, STACY 5001 ARTHUR ST HOLLYWOOD FL	2.2 NAME VALERIE KERN	
TITLE D	FANKHAUSER, SANDRA 4711 S.W. 186TH AVE. FT. LAUDERDALE FL	2.3 STREET ADDRESS 4430 NE 30th Avenue	
TITLE PD	ARGENBRIGHT, JUDY 8100 NW 47TH STREET LAUDERDALE FL	2.4 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	
TITLE TD	HERBERT, FISHLER Fishler 4731 NORTH 36TH ST HOLLYWOOD FL 33021	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		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 D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME CATHY NIRENBERG	
		5.3 STREET ADDRESS 1414 COLIDGE STREET	
		5.4 CITY-ST-ZIP HOLLYWOOD FL 33020	
		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME HERB FISHLER	
		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 617, 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: IRAIDA ORTIZ-DAVIS Date: 2/16/99 Daytime Phone #: 954-986-7769

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