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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherin Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055536

1. Corporation Name
ANIMAL BEHAVIOR SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5910-F BRECKENRIDGE PARKWAY
TAMPA FL 33610-4253

Mailing Address
5910-F BRECKENRIDGE PARKWAY
TAMPA FL 33610-4253

3. Date Incorporated or Qualified

06/23/1997

2. Principal Place of Business

2a. Mailing Address Parkway

4. FEI Number

Applied For

21 5909-G Breckenridge Parkway

27 5909-G Breckenridge Parkway

59-3453286

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONNELL, JOHN A
5910-F BRECKENRIDGE PARKWAY
TAMPA FL 33610-4253

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5909-G Breckenridge Parkway

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME CONNELL, JOHN A
STREET ADDRESS 5910-F BRECKENRIDGE PARKWAY
CITY-ST-ZIP TAMPA FL 33610-4253

1.1 TITLE Change Addition
1.2 NAME *President*
1.3 STREET ADDRESS *John Connell*
1.4 CITY-ST-ZIP 5909-G Breckenridge Parkway

TITLE Director DELETE
NAME GARON, RICHARD
STREET ADDRESS 5909-G Breckenridge Parkway
CITY-ST-ZIP Tampa, FL 33610-4253

2.1 TITLE Change Addition
2.2 NAME *Richard Garon*
2.3 STREET ADDRESS *C.E.O.*
2.4 CITY-ST-ZIP

TITLE Director DELETE
NAME GARON, PETER
STREET ADDRESS 5909-G Breckenridge Parkway
CITY-ST-ZIP Tampa, FL 33610-4253

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Secretary DELETE
NAME Bonnie R. Huntington
STREET ADDRESS 5909-G Breckenridge Parkway
CITY-ST-ZIP Tampa, FL 33610-4253

4.1 TITLE Change Addition
4.2 NAME *Bonnie R. Huntington*
4.3 STREET ADDRESS *Secretary*
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

John A. Connell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99
Date

813-6249447
Daytime Phone #

CR2E034 (11/98)