

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90058 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000009937
 Corporation Name
NATIONAL K 9 SERVICES, INC.



Principal Place of Business 5001 HWY 427 SANFORD FL 32773	Mailing Address 5001 HWY 427 SANFORD FL 32773
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/29/1998		4. FEI Number None established		Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation owes the current year tangible Personal Property Tax.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 Country	29 Country	30		

9. Name and Address of Current Registered Agent ASTON, TERRY 5001 HWY 427 SANFORD FL 32773				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 607.0502 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT if Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D President	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASTON, TERRY		1.2 NAME	
STREET ADDRESS 5001 HWY 427		1.3 STREET ADDRESS	
CITY-ST-ZIP SANFORD FL 32773		1.4 CITY-ST-ZIP	
TITLE Secretary	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VICKI WALTER		2.2 NAME	
STREET ADDRESS 5001 HWY 427		2.3 STREET ADDRESS	
CITY-ST-ZIP SANFORD FL 32773		2.4 CITY-ST-ZIP	
TITLE Vice President	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Wendy McCawley		3.2 NAME	
STREET ADDRESS 5001 HWY 427		3.3 STREET ADDRESS	
CITY-ST-ZIP SANFORD FL 32773		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 907, 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: _____ DATE: **4/26/99** **907-9359-2275**
MONTHLY OR TYPED DESIGNATED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/98)