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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 370675

(1)

BARON'S K-9 HOTEL OF DELRAY BEACH, INC. Principal Place of Business Mailing Address 5544 PENNOCK PD ROAD JUPITER FL 33458 JUPITER FL 33458										
					-	3. Date Incorporated or Qualified 10/02/1970	3a. Date 01/29/		eport	
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21		26				59-1301918			ot Applicable	
Suite, Apt.	#, etc	Scille, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat	te	City & State				6. Election Campaign Financing	7.000			
23 Zip	Country		Country	/		Trust Fund Contribution 8. This corporation has liability for i				
24	25		30			Florida Statutes	Yes 🔲	No		
	9. Name and Address of Curren	t Regislered Agent		·		0. Name and Address of New Re	glatered Ag	ent		
	ON,E G		81	Name	9					
* * * * *	NORTHEAST 5TH AVE		82 Street Add			dress (P.O. Box Number is Not Acceptable)				
DELF	RAY BEACH FL 33483		83							
			<u> </u>							
			84	City			FL	85 Zip (Code	
agent La SIGNATURE 12.	registered agent, or both, in the State am fanishar with, and accept the obligation Signature, typed or professionance of registered eye OFFICERS ANI	ations of, Section 607.0505, Flor	rida Statute	S		then reinstating) ADDITIONS/CHANGES TO OFFIC	DATE			
TITLE	PD	☐ DELETE	1.1 TITLE		T			Change	Addition	
NAMÉ	HENNECY, GUY E.		1.2 NAME							
STREET ADDRESS	5544 PENNOCK PT. ROAD		1.3 STREE	ADDRESS	. [
CITY - ST - ZIP	JUPITER FL		1.4 CHTY-	ST-ZIP						
TITLE	VO	DELETE 21						Change	Addition	
NAME	BENDER, RAYMOND C		2.2 NAME							
STREET ADDRESS				f address	1					
CHTY-ST-ZiP	GAINSVILLE FL	DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP				Change	Addition	
TITLE	HENNECY, CHERYL A.	bttill	3.1 TILE				L	1 Unange	☐ Youlion	
NAME STREET ADDRESS	5544 PENNOCK PT RD			T ADDRESS	. [
CITY-ST-ZIP	JUPITER FL		3.4. CITY-							
TITLE		DELETE	4.1 TITLE		 			Change	Addition	
NAME			4. 2 NAME							
STREET ADORESS			4 3 STREE	I ADDRESS	: [
CITY-ST-ZIP	<u> </u>		4.4 CITY-	ST-ZIP						
TITLE		DELETE	5.1 TITLE					Change	Addition Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	T ADDRESS	:					
City - St - ZIP				ST-ZIP	 		······································	Tok	g aaste.	
TITLE	· ·	☐ DELETE	6.1 TITLE			to the second se	L	Change	Addition	
NAME Profes apprecia			6.2 NAME							
STREET ADDRESS			1	T ADDRESS	·					
14. Ldo bere	hy certify that the information supplier	d with this films does not qualify	64 CITY-		stated in	Section 119 07/3/(i) Florida Statuta	s I further o	ertify that	the	
information	oby certify that the information supplier on indicated on this annual report or s officer or director of the corporation or in Block 12 or Block 12 if changed, o	upplemental annual report is tru	ue and acc ered to exe	urate an	id that my	signature shall have the same lega	l effect as if	made un	ider oath: tha	

Phone #

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FILED

Jan 17 1997 8:00am

Secretary of State