


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **370675** (1)
1. Corporation Name
BARON'S K-9 HOTEL OF DELRAY BEACH, INC.




Principal Place of Business 7539 LONDON LANE BOCA RATON FL 33433	Mailing Address 7539 LONDON LANE BOCA RATON FL 33433
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7755 Woodsmuir Dr. Suite, Apt. #, etc. - 22 City & State W. Palm Beach, FL Zip 33412 Country U.S.		2a. Mailing Address 26 7755 Woodsmuir Dr. Suite, Apt. #, etc. - 27 City & State W. Palm Beach, FL Zip 33412 Country U.S.		3. Date Incorporated or Qualified 10/02/1970	4. FEI Number 59-1301918 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent SIMON, E G 100 NORTHEAST 5TH AVE DELRAY BEACH FL 33483		10. Name and Address of New Registered Agent 81 Name Guy E. Henneey 82 Street Address (P.O. Box Number is Not Acceptable) 7755 Woodsmuir Drive 83 84 City W. Palm Beach FL 85 Zip Code 33412	
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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 **1/10/98**
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNECY, GUY E.	1.2 NAME	
STREET ADDRESS	7539 LONDON LANE	1.3 STREET ADDRESS	7755 Woodsmuir Dr.
CITY-ST-ZIP	BOCA RATON FL 33433	1.4 CITY-ST-ZIP	West Palm Beach, FL 33412
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDER, RAYMOND C	2.2 NAME	
STREET ADDRESS	7539 LONDON LANE	2.3 STREET ADDRESS	516 N.E. 5th St.
CITY-ST-ZIP	BOCA RATON FL 33433	2.4 CITY-ST-ZIP	Gainesville, FL 32601
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENNECY, CHERYL A.	3.2 NAME	
STREET ADDRESS	5544 PENNOCK PT RD	3.3 STREET ADDRESS	7755 Woodsmuir Dr.
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	West Palm Beach, FL 33412
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. **Guy E. Henneey**

SIGNATURE:  DATE **1/10/98** **561-775-4959**

CP2E034 (10/97)