SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 619492

KRISDAN KENNELS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Principal Place of Business	Mailing Address	
6905 BEGGS RD	6905 BEGGS RD	
ORLANDO FL 32810	ORLANDO FL 32810	

Country

9. Name and Address of Current Registered Agent

25

BLCOK, WILLIAM A.

FRALEY COURT MERRITT ISLAND FL 2a. Mailing Address

City & State

Suite, Apt. #, etc. -

26

27

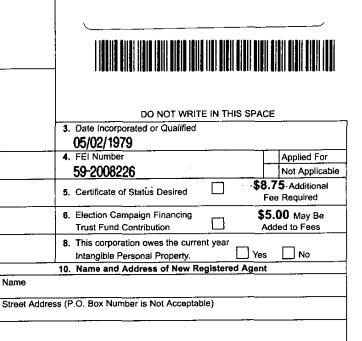
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Zip

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90010 009 ***550.00



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.

Country

81 Name

83

30

SIGNATURE Signature, broad or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE					
	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.					
TITLE	PD DELETE	1.1 TITLE	President and En Change Addition		
NAME	ENGLE, MARY JANE	1.2 NAME	Marie/ K. Durer or.		
STREET ADDRESS	BEGGS ROAD	1.3 STREET ADDRESS	Orniel R. Burek Sr. 214 white Rd.		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	000ee, 1-L, 54761		
TITLE	DELETE	2.1 TITLE	Vice-President, & Change Addition		
NAME		2 2 NAME	Lynn R. Kyoek		
STREET ADDRESS		2.3 STREET ADDRESS	00000 12 34761		
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ocoee, KL 39761		
TITLE	DELETE	3.1 TITLE	Change Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS	.]		
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE	DELETE	4.1 TITLE	Change Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE	Change Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE	Change 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. of on an attachment with an address.

SIGNATURE:

407-293-4645

Zip Code