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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business 11650 OAKHURST RD **LARGO FL 33774**

2, Principal Place of Business

GEORGE L. HAYES NI, ESQ. 696 FIRST AVE., N. STE.303

ST.PETERSBURG FL 33701

Suite, Apt #, etc

Crty & State

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(4)

SUPER DAWG, INC.

FILED Apr 28 1998 8:00am Secretary of State

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Zip Code

			Z BIBLI BIBLI BIBLI IBBL		
Mailing Address		C INSTITUTE BAN AND THE BANK AND AND THE BANK AND ALBERT BERN	t inklikt Endt Anna nigt batti fabbe filt didt dint dint dint dint dint dint din		
RD 14389 83RD PLACE NORTH SEMINOLE FL 34646 US		DO NOT WRITE IN THIS SPA	DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualified 08/01/1983			
e of Business	2a. Mailing Address	4, FEI Number	Applied For		
	28	59-2334204	Not Applicable		
etc	Suite, Apt. #, etc.		8.75 Additional Fee Required		
	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Country 25	Zip Cour 29 30	8. This corporation owes or has paid the current Personal Property Tax due June 30.			
g, Name and Address of	Current Registered Agent	10. Name and Address of New Registered Age	int		
SOFI HAVES MI FOS		B1 Name			

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

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.

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City

•	,		
SIGNATURE	Signature, typed or printed hame of registered agent and tile if applicable (NO	1E. Registered Agent signature requi	red when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVEY, JOEL	1.2 NAME	
STREET ADDRESS	11650 OAKHURST RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY - ST - ZIP	
TITLE	VD DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVEY, DEBBIE	2.2 NAME	
STREET ADDRESS	11650 OAKHURST RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-\$T-ZIP	
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	

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 chapted or on an attachment with an address.

SIGNATURE

CITY-ST-ZIP