FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J76849** (5)

1. Corporation Name
LEAD DOG ENTERPRISES, INC.

Principal Place of Business
~~P.O. BOX 03078~~
~~INDIALATIC FL 32903-0078~~
~~US~~

Mailing Address
~~P.O. BOX 23878~~
~~INDIALANTIC FL 32903-0878~~
~~US~~

2. Principal Place of Business
21 P.O. Box 99
Suite, Apt. #, etc.
22
City & State
23 Melbourne, FL
Zip 24 32902-0099
Country 25 US

2a. Mailing Address
26 P.O. Box 99
Suite, Apt. #, etc.
27
City & State
28 Melbourne, FL
Zip 29 32902-0099
Country 30 US

3. Date Incorporated or Qualified: 06/10/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2836905 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
FIRST SERVICE ADVISORS CORP
~~134 5TH AVENUE~~
~~INDIALANTIC FL 32903~~

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 700 Atlantis Rd.
84 City: Melbourne FL 85 Zip Code: 32902-0099

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: Andrew R. Laikin, President — 2/10/96
Signature, typed or printed name of registered agent and the title of an officer — Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAIKIN, ANDREW R.
STREET ADDRESS	~~134 5TH AVENUE~~
CITY-ST-ZIP	~~INDIALANTIC FL~~
☐ DELETE	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☒ Change ☐ Addition
P.O. Box 99 N/A
Melbourne, FL 32902-0099

2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — ☐ Change ☐ Addition

3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition

4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition

5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition
700001830317
-05/20/96--01068--036
***200.00

6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Andrew R. Laikin, President — 2/10/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)