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

CITY - ST - ZIP

SIGNATURE: <u></u>

FILED FLORIDA DEPARTMENT OF STATE Feb 02 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # K43344 (6)CANINE COVERS, INC. Principal Place of Business Mailing Address 11211 SW 49TH PL 11211 SW 49TH PL FT LAUDERDALE FL 33330 FT LAUDERDALE FL 33330 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/04/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0085157 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaigh Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation olves or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent VESTAL, DONALD J. ESQ 81 4600 SHERIDAN ST 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 HOLLYWOOD FL 33021 83 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DETELE 1.1 TITLE Change SURECK, MILTON M. NAME 1.2 NAME CR2E034 11211 SW 49TH PL STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL CITY - ST - ZIP 1.4 CITY - ST- ZIP TITLE DELETE 2.1 TITLE Change Addition SURECK, DOLORES NAME 2.2 NAME 11211 SW 49TH PL STREET ADDRESS 2.3 STREET ADDRESS FT LAUDERDALE FL 2.3 CITY-ST-ZIP 2. 4 CITY - ST-ZIP ☐ DELETE TITLE 3.1 TITLE Change ■ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST-ZIP 3.4. CITY-ST-ZIP ☐ DELETÉ 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 T/II F Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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.

SIĞNATU