FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Aug 05 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # CANINE CONNECTION, INC. Principal Place of Business Mailing Address 25056 SW 185TH AVE 25056 SW 185TH AVE HOMESTEAD FL 33031 HOMESTEAD FL 33001 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/21/1989 2a. Mailing Address FEI Number Applied For 2. Principal Place of Business 162255W 172 AVE 16225 SW **65-014260**2 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SPAK, RANDALL 25056 6W 185TH AVE Street Address (P.O. Box Number is Not Acceptable) HOMESTEAD FL 33031 83 84 85 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 Storollure, typical or printed name of registered agent and the it applicable (NOH, Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Change Addition DELETE DPS 1.1 TITLE TITLE SPAK, RANDALL S 1.2 NAME NAME 16225 SW 172 AVE 25056 SW 185TH AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMILEL 3318 HOMESTEAD FL 1.4 CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE 2.1 (1)16 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 C(1Y - ST - Z)P CITY-ST-ZIF Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME **3.3 STREET ADDRESS** STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 THLE THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-S1-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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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 of 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 attachypent plant didress.

CITY-ST-ZIP