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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # L98267

Dringing Class of Duringer

(2)

Mailing Address

THE DOG HOUSE OF CAPE CORAL, INC.

FILED Jan 28 1997 8:00am Secretary of State

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Principal made of business		Mailing Address				
818 SE 47TH S CAPE CORAL F		818 SE 47TH ST CAPE CORAL FL 33904-9001				
					3. Date Incorporated or Qualified 09/04/1990	3a. Date of Last Report 04/25/1996
2. Principal P	lace of Business	2a. Mailing Addre	SS		4. FEI Number	Applied For
21		26			65-0215729	Not Applicable
Suite. Apt. #. etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Ζιρ	Cou	ntry	8. This corporation has liability for i	ntangible tax under s. 199 032,
24	25	29	30			Yes No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Re	gistered Agent
HAR	RE, SUSAN A.			81 Name		•
040 CE 47TU CT				82 Street Add	dress (P.O. Box Number is Not Acceptab	(6)
CAPE CORAL FL 33904				OE Stied Muc	areas (1.0. box nothber is not Acceptab	(6)
			li I	83		
			İ		······	
ı				B4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 f	0502 and 607 1508. Florid	a Statutes, the al	ove-named cor	poration submits this statement for the p	urnose of changing its registered
office or r	registered agent, or both, in the St	ate of Fiorida. Such chanc	ie was authorizei	d by the corpora	ation's board of directors. I hereby accep	t the appointment as registered
agent. La	ani familiar with, and accept the ob	ligations of Section 607.0	505, Florida Stat	utes.		
SIGNATURE	Signature, type this printed name of registered		0.075		ured when reinstating)	
12.		AND DIRECTORS	13.	a Agent a grature requ	ADDITIONS/CHANGES TO OFFIC	PRS AND DIRECTORS IN 12
TITLE	D	DEL		TIE T	ADDITIONS/OFFICE TO OFFIC	Change Addition
NAME	HARE, SUSAN A.	hand P. V.	1.2 NA	1		Er oppinge El plante
	818 SE 47TH ST				•	
STREET ADDRESS	CAPE CORAL FL			REET ADDRESS		
CITY-ST-Z-P		DEL		TY-SY-ZIP		
TIPLE	BUSS, BEVERLY C.	L DEC				Change Addition
NAME			2.2 N/	ł		
STREET ADDRESS	818 SE 47TH ST		2.3 \$1	REET ADORESS		
CITY - S1 - 7IP	CAPE CORAL FL			ITY-ST-ZIP		
TITLE		DEL		[☐ Change ☐ Addition
NAME			3 2 N	AME		
STREET ADDRESS			3.3 \$1	REET ADDRESS		
CHY-\$1 ZIP				ITY-ST-ZIP		
TITLE		DEL	.ETE 4.1 TI	TLE		L Change Addition
NAME			4 2 N	AME		
STREET ACORESS			4 3 51	REET ADDRESS		
CITY ST-7P				TY-ST-ZIP		
TiffeE		DEL	ETE 5.1 TI	TLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 \$1	FREET ADDRESS		
C/TY - ST - ZIP				TY-ST-71P		
TITLE		DE				Change Addition
NAME			6.2 N/	AME		
STREET ADDRESS				REET ADDRESS		
ì	1			TY - ST - ZIP		
CITY ST-ZIP	1		■ 0.4 CI	11-51-41"		

14. I do 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 Brock 13 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR