FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 27 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N27930** **(9)**

1. Corporation Name
PUPPETLY YOURS, INC.

Principal Place of Business	Mailing Address
C/O ROBERT LOWE DOLAN 161 NORTHEAST 53RD COURT FORT LAUDERDALE FL 33334-1663	C/O ROBERT LOWE DOLAN 161 NORTHEAST 53RD COURT FORT LAUDERDALE FL 33334-1663

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0140576 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
21 FLORIDA	26 P.O. Box 100123		
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23 Ft. Laud. - FL.	City & State 28 Ft. Laud. FL.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	**$68.75** Supplemental Fee Not Required
Zip 24 33310 Country 25 USA	Zip 29 33310 Country 30 USA	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No ?	

9. Name and Address of Current Registered Agent

DOLAN, ROBERT LOWE
161 NORTHEAST 53RD COURT
FORT LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DOLAN, ROBERT LOWE	1.2 NAME	
STREET ADDRESS	161 NORTHEAST 53RD CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	DOLAN, LINDA SUSAN	2.2 NAME	
STREET ADDRESS	161 NORTHEAST 53RD CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	CARUANA, ARTHUR	3.2 NAME	
STREET ADDRESS	11901 SW 2ND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Lowe Dolan - Robert Lowe Dolan Apr. 24, '95 (305) 491-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047403