

FILE NOW: FILING FEE IS \$61.25

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May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27930** (9)  
1. Corporation Name  
**PUPPETLY YOURS, INC.**

Principal Place of Business <b>FLORIDA</b> <b>161 NORTHEAST 53RD COURT</b> <b>FT. LAUDERDALE FL 33310</b> <b>US</b>	Mailing Address <b>P.O. BOX 100123</b> <b>161 NORTHEAST 53RD COURT</b> <b>FT. LAUDERDALE FL 33310</b> <b>US</b>
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2. Principal Place of Business 21 <b>161 NE 53 CT. FT.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ft. Land. FL</b> Zip 24 <b>33334</b>	2a. Mailing Address 25 <b>P.O. Box 100123</b> Suite, Apt. #, etc. 26 City & State 27 <b>Ft. Land. FL</b> Zip 28 <b>33310</b> Country 29 <b>USA</b>
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3. Date Incorporated or Qualified <b>08/17/1988</b>	
4. FEI Number <b>65-0140576</b>	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>NA</b>

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 <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE Robert Lowe Dolan  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **4/27/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD DOLAN, ROBERT LOWE</b>
STREET ADDRESS	<b>161 NORTHEAST 53RD CT.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>STD DOLAN, LINDA SUSAN</b>
STREET ADDRESS	<b>161 NORTHEAST 53RD CT.</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD CARUANA, ARTHUR</b>
STREET ADDRESS	<b>11901 SW 2ND STREET</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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. 28, 1998** **954-491-4221**

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