## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9400001553

Corporation Name

TAILWAGGERS LEARNING CENTER O.T.C. OF SOUTH FLOR IDA, INC.

Princ	ipal Place of Busines	38
7125	PIGEON KWY WAY	

Mailing Address

2a. Mailing Address

7135 PIGEON KWY WAY LAKEWORTH FL 33467

2. Principal Place of Business

7135 PIGEON KEY WAY LAKE WORTH FL 33467

## FILED Apr 28, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Appl. #, etc.   S	1		26	- )				03/25/1994	_		
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29 Country   Zg		е	City & State					5 Codificate of Status Desired 11			
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Socions 617.0502 and 617.1508, Florida Statutes, the above-named exponation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corpor ation's board of Sirectors, I hereby accept the objections of Socions 617.0502, and 617.1508, Florida Statutes, the above-named exponation 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 corpor ation's board of Sirectors, I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corpor ation's board of Sirectors, I hereby accept the appointment as registered office or registered agent. I mainlain with, and a couple the objections of, Section 617.0503, Fordia Statutes.  SISNATURE  2.	Zip	——— ·	Zip Country				,				
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LAKE WORTH FL 33469    83						Street Andress (P.O. 60); Number is Not Acceptable)					
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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 signiture 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 inchanged, or or an attachment with an address, with all other like empowerec.

**SIGNATURE** 

CUSDIVINITIES REJULAÇION.

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 561-

561-627-1270X710

03/ (11/98)