

FILE NOW: FILING FEE IS \$61.25

FILED
Sep 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>N 96000661459</u>			
1. Corporation Name <u>A DOGS BEST FRIEND INC.</u>			
Principal Place of Business <u>PO BOX 81</u> <u>CHRISTMAS, FLA. 32709</u>		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State <u>Christmas,</u> 23 Zip <u>32709</u> 24 Country <u>Orange</u> 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State <u>Florida</u> 28 Zip <u>32709</u> 29 Country <u>Orange</u> 30	
9. Name and Address of Current Registered Agent <u>Daniel M. Klokis</u> <u>PO Box 81</u> <u>CHRISTMAS, FLA 32709</u> <u>430 MALTA RD</u> <u>ORLANDO, FLA 32828</u>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <u>N/A</u> 84 City <u>FL</u> 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <u>Charlotte Klokis</u> DATE <u>4-30-97</u> <small>Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE <u>P.D.</u> 1.2 NAME <u>Charlotte Klokis</u> 1.3 STREET ADDRESS <u>430 MALTA RD</u> 1.4 CITY-ST-ZIP <u>ORLANDO, FLA 32828</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <u>V.P.D.</u> 2.2 NAME <u>DAW Klokis</u> 2.3 STREET ADDRESS <u>430 MALTA RD</u> 2.4 CITY-ST-ZIP <u>ORLANDO, FLA 32828</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.2 NAME <u>S.D. Carmen Shaw</u> 3.3 STREET ADDRESS <u>18515 E. Colonial Dr.</u> 3.4 CITY-ST-ZIP <u>ORLANDO, FLA 32820</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.		400002303044 -09/25/97--01009--033 ***61.25 9-25 JR	
SIGNATURE: <u>Charlotte Klokis</u>		4-30-97 407-568-6753	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E037 (9/96)