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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90042 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000005860**

1. Corporation Name

JACKIE'S PUPPIES, INC.

Principal Place of Business

**1580 NW 2ND AVE., #5
BOCA RATON FL 33432**

Mailing Address

**1580 NW 2ND AVE., #5
BOCA RATON FL 33432**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

65-0476059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **6355 SWEET MAPLE LN.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **6355 SWEET MAPLE LN.**
Suite, Apt. #, etc.

22 City & State

23 **BOCA RATON, FL**

24 Zip Country

33433

27 City & State

28 **BOCA RATON, FL**

29 Zip Country

33433

9. Name and Address of Current Registered Agent

**BERESH, BRENT E
1580 NW 2ND AVE., #5
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6355 SWEET MAPLE LN.

83

84 City

BOCA RATON

FL

85 Zip Code
33433

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BERESH, BRENT E**
CITY-ST-ZIP **1580 NW 2ND AVE., #5
BOCA RATON FL 33432**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BERESH, JACQUELINE E**
CITY-ST-ZIP **1580 NW 2ND AVE., #5
BOCA RATON FL 33432**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **6355 SWEET MAPLE LN.**
1.4 CITY-ST-ZIP **BOCA RATON, FL 33433**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **6355 SWEET MAPLE LN.**
2.4 CITY-ST-ZIP **BOCA RATON, FL 33433**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with an officer like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRENT E. BERESH

1/11/99

**561
394-2115**

CR2E034 (11/98)