FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 07 1997 8:00am

Secretary of State

904-246-0056

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

P94000012269 (4)

HOGENDOG, INC.

Principal Place of Business Mailing Address 403 ATLANTIC BLVD. ATLANTIC BEACH FL 32223 ATLANTIC BEACH FL 32233-4021								
					3. Date incorporated or Qualified 02/11/1994	3a. Date of 02/22/		aport
2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27					4. FEI Number APPLIED FOR 59- 3 5. Certificate of Status Desired	बस ५००८	Ap No	plied For It Applicable Additional
22 City & Sta 23	City & State City & State		***************************************	***************************************	Election Campaign Financing Trust Fund Contribution	,		May Be
7ф 24]	Country 25	Ζιρ 29	Countr 30	у		Yes N	0	199.032,
	9. Name and Address of Current	t Hegistered Agent	81	Name	10. Name and Address of New Re	gistered Ager	ıt	
	ividowitz, benjamin r 3 atlantic blvd.		L					
	LANTIC BEACH FL 32223		82	Street Addi	ress (P.O. Box Number is Not Acceptat	ıle)		
Ail	Estilo DENOTITE GELES		8:	B				
			84	City	***************************************	85	Zip (Code
- 3	Lto the provis ons of Sections 607,0503				poration submits this statement for the p	FL °	<u></u>	
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DITLE NAME	SD Davidowitz, Sandra		2.2 NAME				Change	Addition
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TITLE NAME STHEEL ACCESSS		DELETE	4.1 TITLE 4.2 NAMI 4.3 STREE	: 1 ADDRESS	-		Change	Addition
COY-S1-7IP TILLE		☐ DELETE	4.4 CITY-	ST-ZIP			Change	Addition
NAM:		L.J Stitlt	5.1 TITLE 5.2 NAME			ً لسبا	онан да	Emil Modified
STREET ADDRESS			5.3 STREE	T ADDRESS				
CHY-ST-Z0	ł	Therese	5.4 CITY-	ST-ZIP	**************************************		n	x a abs
TITLE NAME	!	L DELETE	61 TITLE				Change	Addition
NAME STREET ADDRESS								
CHTY - \$1 - 76F					·			
NAME STREET ADDRESS Offy-St-ZoP 14. I do hore informati I ann an e	by cently that the information supplied on indicated on this annual report or si	with this filing does not qua ipplemental annual report is the receiver or trustoe empo	6.2 NAME 6.3 STREE 6.4 CITY- lify for the ex yue and acc	T ADDRESS ST-ZIP emption stated	d in Section 119.07(3)(i), Florida Statule t my signature shall have the same lega rt as required by Chapter 607, Florida S	s. I further cerial effect as if m	tify that i	the