

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000014548 (9)

1. Corporation Name

DOGWATER MANAGEMENT CORPORATION

Principal Place of Business

8300 BAY PINES BLVD  
ST. PETERSBURG FL 33701

Mailing Address

7250 ULMERTON RD  
SUITE A  
LARGO FL 33771-4825

FILED  
May 05 1998 8:00am  
Secretary of State

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

26 Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1994

4. FEI Number  
59-3228 193

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 or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

MASCARA, ERNEST L  
GLADES BLDG., SUITE 303  
877 EXECUTIVE CENTER DR. WEST  
ST. PETERSBURG FL 33702

81 Name

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

83

84 City

FL 85 Zip Code

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 typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required upon reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DROZDYK 8300 BAY PINES BOULEVARD ST. PETERSBURG FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			1.2 NAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JOHNSON, BRIAN 8300 BAY PINES BOULEVARD ST. PETERSBURG FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
			1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			2.2 NAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
			2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			3.2 NAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
			3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			4.2 NAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
			4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			5.2 NAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
			5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			6.2 NAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	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 exception 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.				

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.98

Date

Daytime Phone #

CR2E034 (10/97)