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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # **P94000049892 (0)**

THE PUPPY PATCH, INC. Principa! Place of Business Mailing Address 1963 S MILITARY TRAIL 19A 1964									
WEST PALM E	BEACH FL 33414	WEST PALM BE US	WEST PALM BEACH FL 33415-8406 US			3. Date Incorporated or Qualified 3a. Date of Last Report			
						06/30/1994	J	01/1996	
	lace of Business	2a, Mailing Add	ress			4. FEI Number		} 	plied For
21	# pto	26 Suite, Apt. #				65-0503390			ot Applicable
Suite, Apt	#, etc.	27 Suite, Apr. #	, etc.			6. Certificate of Status Desired	X	\$8.75 / Fee Re	
City & Stat	0	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added	
Z ф	Country	Zip	├ ──	untry	1	8. This corporation has liability for			199.032,
24	25 29 : 9. Name and Address of Current Registered Agent		30	<u> 0</u>		Florida Statutes X-Yes No 10, Name and Address of New Registered Agent			
Eli k	ER, TERRY	ss of Current neglistered Agent		81	Name	10. Name and Address of New As	Aistalan	Agein	
	64 HORSESHOE TRAI	CE		82	Charact A stat	/h O. Dan Name in National	.1		
	ST PALM BEACH FL 3			02	Street Aoo	ress (P.O. Box Number is Not Acceptat	116)		
	• • • • • • • • • • • • • • • • • • • •			83					
				84	City			85 Zip	Code
		207.0600 1007.4500 51.4		1_	<u> </u>		FL	.	
office or r agent. La	registered agent, or both, im familiar with, and acce	in the State of Florida. Such char opt the obligations of, Section 607	nge was authorize 0505, Florida Sta	ed by atute	y the corpora s.	poration submits this statement for the ption's board of directors. I hereby acception	ot the app	cointment as	registered
SIGNATURE	E ough to house or provided name	of registered agent and title if applicable.	(NOTE: Barielar	ed An	ant signature moui	ired when reinstaling)	DATE		
12,		FICERS AND DIRECTORS	13		on opions requ	ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12
TITLE	P		ELETE 1.1	TITLE				Change	Addition
NAME	FILER, TERRY		1.21	NAME					
STREET ADDRESS	14364 HORSESHOE		1.3	1.3 STREET ADDRESS					
CITY-S1-ZIP	WEST PALM BEACI		***************************************		ST-ZIP	·		1 0	1 1 1 4 4 2 2 2 2
TITLE	COBB, LINDA	Lμ	I	2.1 TITLE 2.2 NAME				Change	Addition
NAME STREET ADDRESS	LEMONGRASDS LA	NF			T ADDRESS				
CHY-S1-ZIP	WEST PALM BEACH				ST-ZIP				
TITLE				TITLE	J. T. Ell			Change	Addition
NAME		 -	1	NAME	j			•	
STREET ADDRESS			3.3	STREET	T ADDRESS				
City-St-ZiP				CITY-	ST-ZIP		·		
TITLE			ELETE 4.1	TITLE				Change	Addition
NAME				NAME	i				
STREET ADDRESS			- 1		T ADDRESS				
CITY-SI-ZIF	<u> </u>	חודו		CITY - S TITLE	ST-ZIP			Change	Addition
TITLE		LJV		-				∟ rusuge	T VOCUCION
NAME STOCKE ADDRESS				NAME etdeet	T ADDRESS				
STREET ADDRESS					ST-ZIP				
TITLE				TITLE	ai - Lir			Change	Addition
NAME		—		NAME					
STREET ADDRESS					T ADDRESS				
0	}				}				

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 13 1997 8:00am

Secretary of State