Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90140 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000051553

1. Corporation Name

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

35.

CITY-ST-ZIP

TITLE

NAME

NAME

BABETTE HAGGERTY'S SCHOOL FOR DOGS, INC.					 			
Principal Place		Mailing Address						
450 NORTHLAK STE 3	E BLVD	450 NORTHLAKE BLVD STE 3						
*/= *		N PALM BCH FL 33408	I BCH FL 33408		DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorpo	rated or Qualifed		
					07/07/199	94		
2. Principal Pl	ace of Business	2a. Mailing Address		1	4. FEI Number		⊢	Applied For
21 1718	9 Thunder Rd	 	rder_	Ka	65-05141	<u> 14 </u>		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required —			
City & State City & State City & State City & State			FL	.	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24 3347	Country 25 USA	29 33478	Countr	SA.	Personal Pro	<u> </u>	Yes	ØNo
						Address of New Regist	ered Agent	
81					unan H	1. Gordon	Π	
BRENNAN, H. GORDON III				Street Addre	ss (P.O. Box Num	ber is Not Acceptable)		
3294 CAPRI RD			_	17/84	Thung	ur ka		
W PALM BEACH FL 33417			83	i.				
			84	City	oiter		FL 85 3.	3478
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								
				nt signature required		CHANGES TO OFFICER	TE AND DIDECT	TOPS IN 12
12.	PST OFFICERS AND	□ DELETE	1.1 TITLE	10	5 T		fin or	
NAME	HAGGERTY, BABETTE H	C 022212	1.2 NAME	14	aggerty.	, Babetta H		·
STREET ADDRESS	4953 B ALDER DRIVE			TADORESS 17	189 Thu	nder Rd		
CITY-ST-ZIP	W PALM BEACH FL 33417		1.4 CITY-		ي مال	FL 334	7 <i>8</i>	
TITLE	V V V	☐ DELETE	2.1 TITLE		A (Leas)		Chang	e Addition
NAME	Brennan, H. Gordan III		2.2 NAME	13.	rennan,	H. Gordon	III.	
STREET ADDRESS	4953 B ADLER DRIVE			TADDRESS 17	189 The	inder Rd	_	
CITY-ST-ZIP	W PALM BEACH FL 33417			ST-ZIP	un der	FL 334	2 <i>8</i>	ا . ت .
TITLE		☐ DELETE	3.1 TITLE		7		☐ Chang	e
NAME			32 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS		•		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		□ DELETE	4.1 TITLE				Chang	e 🗌 Addition
NAME			4. 2 NAME					
070757 4000555	•		43 emer	TADDOCCC				

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 all other like empowered.

SIGNATURE:

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

Addition

☐ Addition

Change

☐ Change