

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000052993 (0)

1. Corporation Name

DOGIPOT, INC.



Principal Place of Business

Mailing Address

2079 S KIRKMAN RD
STE 158
ORLANDO FL 32811
US

P.O. BOX 618305
#340
ORLANDO FL 32861-8305
US

3. Date Incorporated or Qualified

07/18/1994

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

21 14522 Quail Trail Cr.

2a. Mailing Address

26

4. FEI Number

59-3258740

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Orlando Fl.

Zip

Country

Zip

Country

24 32837

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DENION, JOSEPH B
1031 WEST MORSE BLVD.
SUITE 200
WINTER PARK FL 32789

81 Name

Juerg G. Petersen

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

14522 Quail Trail Circle

83

84 City

Orlando

FL

85

Zip Code
32837

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE:

J. Petersen
Signature of current or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent's signature required when resigning)

DATE

11/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME PETERSEN, JUERG G
STREET ADDRESS 2079 S. KIRKMAN RD 158
CITY - ST - ZIP ORLANDO FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PETERSEN JUERG G
14522 QUAIL TRAIL CIRCLE
ORLANDO, FL 32837

TITLE V ☐ DELETE

NAME PAULI, MAYA R
STREET ADDRESS 14530 QUAIL TRAIL CIR.
CITY - ST - ZIP ORLANDO FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

J. Petersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juerg G. Petersen

11/29/96

Date

(407) 838-0609

Daytime Phone #

CR2E034 (12/95)