

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000052993 (0)

1. Corporation Name
DOGIPOT, INC.



Principal Place of Business: **2079 S KIRKMAN RD STE 158 ORLANDO FL 32811 US**
Mailing Address: **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.**
Suite, Apt. #, etc.: **22 /**
City & State: **23 Orlando Fl.**
Zip: **24 32837** Country: **25 USA**

4. FEI Number: **59-3258740**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**DENION, JOSEPH B
1031 WEST MORSE BLVD.
SUITE 200
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *J. Petersen* *J. Petersen* DATE: **11/29/1996**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PETERSEN, JUERG G	
STREET ADDRESS	2079 S. KIRKMAN RD 158	
CITY - ST - ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PAULI, MAYA R	
STREET ADDRESS	14530 QUAIL TRAIL CIR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETERSEN JUERG G
1.3 STREET ADDRESS	14533 QUAIL TRAIL CIRCLE
1.4 CITY - ST - ZIP	ORLANDO, FL 32837
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE: *J. Petersen* *Juerg G. Petersen* DATE: **11/29/1996** DAYTIME PHONE #: **(407) 858-0609**

CR2E034 (12/95)