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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000052993 (0)

1. Corporation Name
DOGIPOT, INC.



Principal Place of Business
14522 QUAIL TRAIL CIRCLE
STE 158
ORLANDO FL 32837
US

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 14522 Quail Trail Cir.
Suite, Apt. #, etc.
22
City & State
23 Orlando, FL.
Zip
24 32837
Country
25 US

2a. Mailing Address
26 P.O. Box 618305
Suite, Apt. #, etc.
27
City & State
28 Orlando, FL.
Zip
29 32861-8305
Country
30 US

3. Date Incorporated or Qualified
07/18/1994

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

9. Name and Address of Current Registered Agent
PETERSON, JUERG G.
14522 QUAIL TRAIL CIRCLE
SUITE 200
ORLANDO FL 32837

10. Name and Address of New Registered Agent
81 Name Petersen Juerg G.
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 *Juerg G. Peterson* Juerg G. Peterson 4/16/98
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSEN, JUERG G.	1.2 NAME	
STREET ADDRESS	14522 QUAIL TRAIL CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULI, MAYA R	2.2 NAME	
STREET ADDRESS	14530 QUAIL TRAIL CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE *Juerg G. Peterson* Juerg G. Peterson 4/16/98

CR2E034 (10/97)