

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90067 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000024896

1. Corporation Name
MAN'S BEST FRIEND, INC.

Principal Place of Business Mailing Address
4180 SW 48TH AVENUE 4180 SW 48TH AVENUE
PALM CITY FL 34990 PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4826 NW 2ND AVE Suite, Apt. #, etc. 22 BOCA RATON, FL City & State 23 33431 Zip 24 PALMBEACH Country		2a. Mailing Address 26 MAN'S BEST FRIEND INC Suite, Apt. #, etc. 27 4826 NW 2ND AVE City & State 28 BOCA RATON, FL City & State 29 33431 Zip 30 PALMBEACH Country		3. Date Incorporated or Qualified 03/27/1995	
		4. FEI Number 65-0576400		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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No			

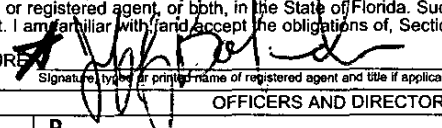
9. Name and Address of Current Registered Agent

BOLANDER, TIMOTHY E
4180 SW 48TH AVENUE
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name Bolander, Jeff
82 Street Address (P.O. Box Number is Not Acceptable) 519 SE 21st Street
83
84 City Boynton Beach
85 Zip Code FL 33435

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME BOLANDER, TIMOTHY E.		1.2 NAME	
STREET ADDRESS 4180 SW 48TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM CITY FL 34990		1.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME Jeff Bolander		2.2 NAME	
STREET ADDRESS 519 SE 21st Street		2.3 STREET ADDRESS	
CITY-ST-ZIP Boynton Beach, FL 33435		2.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME Tim Bolander		3.2 NAME	
STREET ADDRESS 815 W Boynton Beach Blvd # 3-205		3.3 STREET ADDRESS	
CITY-ST-ZIP Boynton Beach, FL 33431		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)