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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000048851 (6)

AMERICAN GUARDIAN DOG TRAINING & K-9 SECURITY IN

Principal Place of Business 4126 SW 19 AVE

Mailing Address

4126 SW 19 AVE

FILED May 12 1997 8:00am Secretary of State



2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. A FEI Number 65-0590331 Suite, Apt. #, etc 3. Suite, Apt. #, etc 3. Suite, Apt. #, etc 3. Consider of Status Desired 5. Certificate of Stat	
21 L' S 3 CAD A ST. 26 483 CADA ST. 65-059031 Suite, Apt. #, etc. 5. Certificate of Status Desired City & State CAPE (ORA) 6. Election Campaign Financing Trust Fund Contribution 23 CAP CAPT FL 28 F CAPE (ORA) 6. Election Campaign Financing Trust Fund Contribution 24 3 3 3 0 LEE 8	e of Last Report 4/1996
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	Applied For
City & State City & State City & State Cope (ORA) 6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Country 8. This corporation has liability for intengible te Florida Statutes 9. Name and Address of Current Registered Agent STANTIAL, KARL E 4126 SW 19 AVE CAPE CORAL FL 33914 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607.050? and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of a 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 appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appoint agent and the it applicable. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND INTEREST. INTINE NAME STANTIAL, KARL E 12. NAME STANTIAL, KARL E 12. NAME STANTIAL, KARL E 12. NAME 13. STREET ADDRESS CITY-ST-2IP 11. COPPE CORAL FL 33914	Not Applicable
Trust Fund Contribution 28	\$8.75 Additional Fee Required
24 3 3 1	\$5.00 May Be Added to Fees
STANTIAL, KARL E 4126 SW 19 AVE CAPE CORAL FL 33914 81	No
4126 SW 19 AVE CAPE CORAL FL 33914 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 confice 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 appoint agent. Lara familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE STANTIAL, KARLE 12 NAME STANTIAL, KARLE 4126 SW 19 AVE CAPE CORAL FL 33914 STREET ADDRESS CITY-S1-7/P CAPE CORAL FL 33914	gent
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THIF DELETE 5.1 TITLE	Change Addition
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	Change Addition
NAME 62 NAME	
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CITY: \$1: 7IP 6.4 CITY: \$1: 7IP 6.4 CITY: \$1: 7IP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Vi). Florida Statutes. I further or	

4. To neredy certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(), Horida Statutes. Frumer 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97 941-540-1615