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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000048851 (6)

AMERICAN GUARDIAN DOG TRAINING & K-9 SECURITY IN C.

FILED May 01 1998 8:00am Secretary of State



					<u> </u>		ARIBI (181 /88)
Principal Place		Mailing Address			1 12311231 1131 31111 32111 32111 32	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31149 4441 1881
4832 CONDIA		4832 CONDIA ST					
OAPE CORAL US	. FL 33914	CAPE CORAL FL 33914 US			DO NOT WRITE IN 1	THIS SPACE	
•		00			3. Date Incorporated or Qualified	THIS SPACE	
					06/20/1995		
	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 41/AC	2 St 15 - AU	26 SAM	**		65 -059 0331		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional
City & State		City & State				Pequired	
23 (ne (craf. Fl	28			6. Election Campaign Financing		May Be
Zip	Country	Zip	Country		Trust Fund Contribution		to Fees
a 339	NY 25 1 P.P	 	30		 This corporation owes or has paid the Personal Property Tax due June 30. 		ntangible No
<u> </u>	9. Name and Address of Curren			······································	10. Name and Address of New Register		
STA	ANTIAL, KARL E		81	Name			
	26 SW 19 AVE		00	Ct			<u></u>
CAPE CORAL FL 33914			02	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 607,050	2 and 607.1508, Florida Statute	s, the above-r	named cor	noration submits this statement for the nurno	se of changing	its registered
Office or re	egi stere d agent, or both, in the State m familiar with, and accept the obliga	or monda. Such chango was at	utriorized by ti	ne corpora	ition's board of directors. I hereby accept the	appointment as	s registered
SIGNATURE	k lotata	$II \nu$			· 4.	-24-98	
OIGHATOTIC .		it and little if applicable (NOTE	Registered Agent	signature requ	ired when reinstating) DA	ATE	
12.	J OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D	☐ DELETÉ	1.1 TITLE	L	, ,	Change	Addition
NAME	STANTIAL, KARL E		1.2 NAME	W.	1 STANTIAL, KARI E		
STREET ADDRESS	4126 SW 19 AVE		1.3 STREET AD	DRESS H	atil barden grub		
CITY-ST-ZIP	CAPE CORAL FL 33914		1.4 CITY-ST-	Z#P 1	case Gral, 46 330	909	
TITLE		☐ D€LETE	2.1 TITLE		•	Change	Addition
NAME			22 NAME	ŀ			
STREET ADDRESS			23 STREET AD	DRESS			
CITY-ST-ZIP			2. 4 CITY-ST-	ŽIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET AD				
CITY-ST-ZIP		DELETE	3.4. CITY - ST -	ZIP		——————————————————————————————————————	4.000
TITLE NAME		☐ DELETE	4.1 TITLE	1		Change	Addition
			4. 2 NAME	ODEGO			
STREET ADDRESS			4.3 STREET AD				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-7	ır		Change	Addition
NAME			5.2 NAME	1		onange	L.J AVUILION
STREET ADDRESS			5.2 NAME 5.3 STREET AD	DDE GG			
CITY-\$T-ZIP			5.4 CITY-ST-2				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME			5.16.190	
STREET ADDRESS			6.3 STREET AD	DRESS			
CITY-ST-ZIP			6.4 CITY-ST-Z				
14. I hereby ce	ertify that the information supplied wit	h this filing does not qualify for	the exemption	n stated in	Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the	a information
officer or d	on this annual report or supplemental	annual report is true and accui iver or trustee empower ed to ex	irate and that i	nv sionatu	re shall have the same legal effect as if mad uired by Chapter 607, Florida Statutes; and t	de under oath: th	nallam an