FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000051919 (5)**

1. Corporation Name

CJR KENNELS, INC.

Principal Place of Business

1606 ZIPPERER RD.
BRADENTON FL 34202

Mailing Address

1606 ZIPPERER RD.
BRADENTON FL 34202

3. Date Incorporated or Qualified: **06/30/1995**

3a. Date of Last Report:

4. FEI Number: 65-0595263 [ ] 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

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

9. Name and Address of Current Registered Agent

HOWARD, JUDY
1606 ZIPPERER RD.
BRADENTON FL 34202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the undersigned 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

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	HOWARD, JUDY	
STREET ADDRESS	1606 ZIPPERER RD.	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		
71 TITLE		[ ] Change [ ] Addition
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		
81 TITLE		[ ] Change [ ] Addition
82 NAME		
83 STREET ADDRESS		
84 CITY-ST-ZIP		
91 TITLE		[ ] Change [ ] Addition
92 NAME		
93 STREET ADDRESS		
94 CITY-ST-ZIP		
101 TITLE		[ ] Change [ ] Addition
102 NAME		
103 STREET ADDRESS		
104 CITY-ST-ZIP		
111 TITLE		[ ] Change [ ] Addition
112 NAME		
113 STREET ADDRESS		
114 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, complete, and accurate, and that my electronic 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: Howard JUDY HOWARD 3/25/96 (941) 747-5488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #