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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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May 01 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000096938 (2)

BEAU DOG, INC.

SIGNATURE

Principal Place of E	Business	Mailing Address				A 1993 POLITICAL STATE SOUL SEAN STATE			i ihit ihat
3100-30TH STREET NORTH ST. PETERSBURG FL 33713		3100-30TH STREET NORTH ST. PETERSBURG FL 33713-2621							
						3. Date Incorporated or Qualified 12/26/1995		te of Last R 0/1996	eport
2. Principal Place of Business		2a. Mailing Address			4. FEI Number		A	plied For	
21		26			59-3368825			t Applicable	
Suite, Apt. #, etc	c	Suite, Apt. #,	elc.			5. Certificate of Status Desired		\$8.75	
22		27							equired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
23] Zip	Country	28 Zip		Country		8. This corporation has liability for			
24	25	29	30			Florida Statutes		No	. 189.032,
	. Name and Address of Currer		1001	<u> </u>		10. Name and Address of New Re			
BONSEY	, RICHARO L			81	Name			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	TH STREET NORTH			82	Street Add	ress (P.O. Box Number is Not Acceptal	hle)		
	ERSBURG FL 33713			02	Siled Acci	reas (F.O. Box Homber is Not Acceptat	Diej		
· · · · · · · · · · · · · · · · · · ·				83					
				84	City			85 Zip	Code
				"	Olly		FL	21p	0000
 Pursuant to the office or regist 	tered agent, or both, in the State	02 and 607.1508, Florid e of Florida. Such chang lations of, Section 607.0	ge was autho	orized by t	named corp the corporat	poration submits this statement for the j tion's board of directors. I hereby acce	purpose of pt the appo	changing i sintment as	is registered registered
agent I am far	miliar with, and accept the oblig	anons of occion corre							
agent Lanifar	, ,	,		_	Bidnen ve remil	(red when reinstation)	DATE		
agent Lani far SIGNATURE	iture typed or printed name of registered age	ent and title if applicable	(NOTE: Reg	_	signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	RS IN 12
agent Lam far SIGNATURE Signal 12.	iture: typed or printed name of registered age OFFICERS AN	,	(NOTE: Reg	gistered Ageni	t signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR Change	
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