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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600002640 (6)

A TRAINED DOG IS A MAN'S BEST FRIEND, INC.

Principal Place of Business Mailing Address 2881 NORTHWEST 98 WAY 2881 NORTHWEST 96 WAY CORAL SPRINGS FL 33065-1402 CORAL SPRINGS FL 33065 3. Date Incorporated or Qualified 3a. Date of Last Report 01/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0633767 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE 82 **CORAL GABLES FL 33134** 83 CityCoral 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 sufficiently being corporation's board of directors. I hereby accept the appointment as registered agent. I am familial with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature typical or printed name of registered agent and till Dipplicate signature required when reinstating) (96/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PSTD Change Addition DELETE THE 1.1 TITLE ENGEL, DARRIN M 1.2 NAME NAME CR2E034 2881 NORTHWEST 98 WAY 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** CITY-ST-7IP 1.4 CITY - ST-ZIP DELETE Change Addition 21 TITLE TILE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP Addition DELETE 3.1 TITLE Change THILE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP City - St - ZIP DELETE Addition Change 4.1 TITLE THEE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-7P 4.4 CITY-ST-2IP ■ DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST-ZIP CHY+ST ZIP Addition DELETE Change TITLE 6.1 TITLE NAME 6.2 NAME

SIGNATURE:

appears in Block 12 or Block

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

changed, or on a

Darrin Engel

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

\$128/97

954-341-6831

FILED

May 07 1997 8:00am

Secretary of State