

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

FILED  
Mar 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000009571 (6)

1. Corporation Name  
DISTINCTIVE DOGS, INC.



Principal Place of Business 2655 LEJEUNE ROAD PH-11 CORAL GABLES FL 33134	Mailing Address 2655 LEJEUNE ROAD PH-11 CORAL GABLES FL 33134-5832
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2. Principal Place of Business 21 817 N. Federal Hwy Suite, Apt. #, etc.		2a. Mailing Address 26 8470 NW 8th St Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/30/1996	3a. Date of Last Report
22 City & State 23 Boca Raton, FL		27 City & State 28 Coconut Creek, FL		4. FEI Number EIN 59-3361262	Applied For Not Applicable
24 Zip 33432		29 Country R/m Bch		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25 33066		30 BROW		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
26 33066		31 BROW		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SUTTON, JOHN O PA 2655 LEJEUNE ROAD PH-11 CORAL GABLES FL 33134	
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81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			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 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 Donna M. Morrison	DATE 3-7-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	817 N. FEDERAL HIGHWAY	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	BOCA RATON FL 33432	2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.	
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SIGNATURE: Donna M. Morrison	DATE: 3-7-97	561 392-2727
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CR2E034 (9/96)