

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

FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000023629 (4)
 1. Corporation Name
K-9 COMPLETIONS, INC.



Principal Place of Business 3045 NORTH FEDERAL HIGHWAY #60E FORT LAUDERDALE FL 33306	Mailing Address 3045 NORTH FEDERAL HIGHWAY #60E FORT LAUDERDALE FL 33306-1415
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1996	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FFI Number 65-0666529	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
30	Country				

9. Name and Address of Current Registered Agent
**ORR, WILLIAM J.
 3045 NORTH FEDERAL HIGHWAY #60E
 FORT LAUDERDALE FL 33306**

10. Name and Address of New Registered Agent
 81 **William Joseph Orr**
 82 Street Address (P.O. Box Number is Not Acceptable)
1400 SW 28 ST Fort Lauderdale
 83 **FIA 33315**
 84 **Fort Lauderdale** **FL** 85 Zip Code **33315**

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 William J. Orr **William J. Orr** Vice pres **5/6/97**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD <input type="checkbox"/> DELETE
NAME	ORR, WILLIAM J
STREET ADDRESS	3045 NORTH FEDERAL HIGHWAY #60E
CITY - ST - ZIP	FORT LAUDERDALE FL 33306
TITLE	PTD <input type="checkbox"/> DELETE
NAME	DEHLINGER, KAREN A
STREET ADDRESS	3045 NORTH FEDERAL HIGHWAY #60E
CITY - ST - ZIP	FORT LAUDERDALE FL 33306
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE Karen A. Dehlinger **Karen A. Dehlinger** **4-10-97** (604) 525-0002

CR2E034 (9/96)