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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032994 (1)

DOGBASE, INC.

FILED Apr 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						A SECTION SIE CALLE DIVIL GALLE DESIS PRIST (· F· F 8 • 1 (1 8 • 1) 9	19119 (8)	9191 (BBI	
5820 N. FEDERAL HIGHWAY 5820 N. FEDERAL HIGHWAY										
BOCA RATON	FL 33487	BOCA	OCA RATON FL 33487				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualified 04/16/1996			
2. Principal P	lace of Business	2a. Ma	iling Address				4. FEI Number		[A	pplied For
21		26]					65-0689398		No	ot Applicable
Suite, Apt.	#, etc.	Sui	ite, Apt. #, etc .				5. Certificate of Status Desired			Additional
22		27					J. Continuate of States Desired		Fee Re	equired
City & State	e	1	y & Stato				6. Election Campaign Financing			May Be
23		28		T			Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·		to Fees
Zip	Country	Zipi)	}	intry	•	8. This corporation owes or has paid			tangible No
24	25 25 Name and Address of Cur	29 rent Registere	d Agent	30	ι—		Personal Property Tax due June 30 10. Name and Address of New Regis	<u> </u>		<u>-1 INO</u>
COL	ERLE, FREDERICK C	rom mognatoro			61	Name	TO, TILLIO GITO TICENTING	3.0,00 3.gc.		
	YLE WAY									
	YNTON BEACH FL 33462				82	Street Addre	ess (P.O. Box Number is Not Acceptable))		
- 50	THICK DESCRIPTE GOVE				83					
										
					84	City		FL 85	- Zip i	Code
office or re agent. I as	ogistered agent, or both, in the St m familiar with, and accept the ot	ate of Horida. S ligations of, Sc	Such change was ction 607,0505, f	authorize	d by	the comoration	oration submits this statement for the pur on's board of directors. I hereby accept t	pose of chai he appointn	nging it nent as	s registered registered
GIGHATORE	Signature, typed or printed name of registered				d Age	ent signature require		DATE		
12.		VMD DIBLECTO		13.			ADDITIONS/CHANGES TO OFFICER			
TITLE	D COLDINAL		□ DELETE	1,1 11				_;(Change	☐ Addition
NAME	EBERLE, FREDERICK 2KYLE WAY			1.2 N						
STREET ADDRESS		20				ADORESS				
CITY-ST-ZIP	BOYNTON BEACH FL 3346)Z	DELETE			T- 7IP		·	Change	Addition
TITLE	JENKINS, JEFFREY J			2.1 11					лануе	MUUITION
NAME	3724 N.W. 3RD AVE.			2.2 N		1000100				
STREET ADDRESS	BOCA RATON FL 33431					ADDRESS				
CITY-ST-ZIP TITLE	BOOK HATOR LE BOTO		DITETE	3.1 11		51-7IP			Change	Addition
NAME				3.2 N					- 9	
STREET ADORESS						ADDRESS				
CITY+\$1-ZIP						SI-ZIP				
TITLE			DELETE	4.1 11					Change	Addition
NAME				4.2 N	ΙΑΜΓ					
STREET ADDRESS				4.3 ST	REFT	ADDRESS				
CITY-ST-ZIP				4.4 C	TY-S	T-7IP				
TITLE	- <u></u>		DELETE	5 1 T/					Change	Addition
NAME				52 N/	AME					
STREET ADDRESS				53 \$1	THEET	ADDRESS				
CITY-ST-ZIP				5.4.01	TY-S	T- 71P				
TITLE			DELETÉ	6.1 10	TLE				Change	Addition
NAME				6.2 N/	AME:					
STREET ADDRESS				6.3 S1	IREE1	ADDRESS				
CiTY-S1-7IP				640	TY-SI	T-7IP				

14. Thereby 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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