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May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000047126 (3)

1. Corporation Name  
PUPPY LAND, INC.

Principal Place of Business  
16088 E SYCAMORE DRIVE  
LOXAHATCHEE FL 33470

Mailing Address  
16088 E SYCAMORE DRIVE  
LOXAHATCHEE FL 33470-3704



3. Date Incorporated or Qualified 06/04/1996  
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 10457 Southern Blvd.	26 10457 Southern Blvd.	65-0668270	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 Royal Palm Beach	27 Royal Palm Beach	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		
23 FL	28 FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		
24 33411	25 DB	29 33411	30 PB
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

JONES, ELIZABETH  
16088 E SYCAMORE DRIVE  
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name WALLACE Ecklof  
82 Street Address (P.O. Box Number is Not Acceptable) 10457 Southern Blvd.  
83  
84 City Royal Palm Beach FL 85 Zip Code 33411

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 Wallace Ecklof  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4-29-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P
NAME	JONES, ELIZABETH	12 NAME	WALLACE Ecklof
STREET ADDRESS	16088 E SYCAMORE DRIVE	13 STREET ADDRESS	17789 43 Rd. N.
CITY-ST-ZIP	LOXAHATCHEE FL 33470	14 CITY-ST-ZIP	LOXAHATCHEE FL 33470
TITLE		21 TITLE	Colleen Ecklof VP
NAME		22 NAME	17789 43 Rd. N.
STREET ADDRESS		23 STREET ADDRESS	LOXAHATCHEE FL 33470
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	T
NAME		32 NAME	Robin Hernandez
STREET ADDRESS		33 STREET ADDRESS	17789 43 Rd. N.
CITY-ST-ZIP		34 CITY-ST-ZIP	LOXAHATCHEE FL 33411
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 WALLACE Ecklof  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 4-29-97

CR2E034 (9/96)