i						
SECON' NO	TICE: CORPORATION WILL BE	E DISSOLVED ON OR AFTE	R SEPTEM	BER 15, 199	9.	
AMOÚÑ: DUI	E CN OR BEFORE 09/15/99: \$550 (IF D	DISSOLVED, MINIMUM AMOUNT DUE	E TO REINST	ATE: \$750).		
F	PROFIT PROFIT FLORIDA DEPARTMENT OF STATE				rhith	
	RPORATION Katherine Harris			O PART JACAGE	ESTATI	
ANNU	IAL REPORT				ACO NO MORRE	POR <b>ATIO</b> ES
	1000	DIVISION OF CORPORATIONS				
	1999 DIVISION OF CORPORATIONS					M 11: LK
DOCUMENT # P96000073298					33 001 T F.	1111.40
1. Corporation		10073290				
ACADE	MY KENNELS, INC.					
HONDE	THE REMITTEES, INC.				t and the same same dated and a district and the same	ACHT 10404 11110 11010 10102 1011 1001
Daine Sout Disease	of Business	Mailing Address	- I ABBANBOT AND ADERD DERIN BRAIN BOARD BOARD	E BAINE 148 BOY 11110 148 10 140 161 1611 1611 1611		
•	•					
	2691 NORTH AIRPORT ROAD FORT MYERS FL 33907  FORT MYERS FL 33907  FORT MYERS FL 33907					
FOR MICHO IL 3030/				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					08/30/1996	
2. Principal P	lane of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0696514	Not Applicable
Suite Apt	#, etc.	Suite, Apt #, etc			5. Certificate of Status Desired	\$8.75 Additional
22		[27]			5. Certificate of Status Desired C. 3	Fee Required
City & Stati	e.	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip Country		Zip	Count	ý	8. This corporation owes the current year	·
24	25	29	30		Intangible Personal Property.	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registe	red Agent
DCT.	TOCON MANOY F		8	1 Name		
	ERSON, NANCY E		8	2 Street Add	iress (P.O. Box Number is Not Acceptable)	
	1 NORTH AIRPORT ROAD		ا ا	-	areas (i. i.e., bear (iember to trect toograde)	
FOF	RT MYERS FL 33907		8	3		
			}_	1-2		
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of sections 607.05	502 and 607.1508, Florida Statute	es, the abov	e-named corp	oration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
office or a	registered agent, or both, in the Sta am familiar with, and accept the obt	ate of Florida, Such change was	authorized t	y the corporal	tion's board of directors. I hereby accept the a	ppointment as registered
	on reminer war, and accept the ope	ilgations of, section doy.oods, 1 P	onda Oleton			
SIGNATURE .	Styncture, typed or printed name of registered a	gent and title if applicable (N	OTE Registered	Agent signature re-	quired when reinstating) DA	16
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TifeF	D	DELETE	1 1 TITLE			Change Addition
NAME	PETERSON, WILLIAM F		1 2 NAME	1		
STRULTATIONESS	2691 NORTH AIRPORT ROA	ND .	1 3 STREE	T ADDRESS		
Ciff \$1.2%	FORT MYERS FL 33907		1.4 CiTY-	ST-ZIP		
TillE	D	DELETE	2 1 TITLE			Change Addition
NAM:	PETERSON, NANCY E 2691 NORTH AIRPORT ROAD		2 2 NAME	- 1		
STREET AE ORESS			2 3 STREET ADDRESS		<b>7000030059375</b> -10/05/9901076007	
City Stizie	FORT MYERS FL 33907	_	24 CiTy-		~10/05/99~	-01076007
Title		DELETE	31 TITLE		****550.0	U Markary SSD QQ toon
N625		L. JOECCIC	3 2 NAME	ſ		E change E Adelitori
51REF (40), eq. 55				TADDRESS		
Cd 9 \$5-26:			34 CITY	Y		}
DUR Sizer - 1		[   DELETE	4 1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change Addition
N999		L. PUELETE	4.2 NAME	ĺ		
STREET ADDRESS				TADDRESS		
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OTYSEZ // TRE		Florer	4.4 CITY-S 5.1 TITLE			
		[   DELETE	5.2 NAME		A solve	Change Addition
NAME			1	1.40000000	KN 101~1	
\$1ke / TATURE Sh				TADDRESS	$\mathcal{D}_{h}$ ,	Į
City's Ze		F11222	5.4 CITY-5	st-ZIP	<del></del>	
TOLE		[]] DELETE	6 1 TITLE	ļ		Change Addition
NAV.			6 2 NAME			
STREET ADDING SS			63STREE	TADDRESS		

63 STRET ADDRESS
63 STRET ADDRESS
63 STRET ADDRESS
64 CITY-ST-2P

14. Thereby certify that the information supplied with this filting 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:

SIGNATURE:

SIGNATURE

Daytime Prone #

Daytime Prone #