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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000087052

ADORABLE DOGS, INC.

Principal Place of Business
28540 BERMONT RD PUNTA GORDA FL 33982

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90101 003 ***150.00



Principal Place of Business	Mailing Address					
	28540 BERMONT RD PUNTA GORDA FL 33982		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 10/17/1996			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For			
一 ` - トー	6		65-0705776 Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip Country	Zip Cou 29 30		8. This corporation owes the current year Intangible Personal Property Tax. ☐ No			
9. Name and Address of Current Re	gistered Agent	10. Name and Address of New Registered Agent				
MAUK, CAROLINE G 28540 BERMONT RD PUNTA GORDA FL 33982			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
		84	City FL 85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and	d 607.1508, Florida Statutes, the al	bove	ve-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 an internal with, and accept the obligations of, Section observed.										
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating)	DATE		l				
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	D DELETE	1.1 TITLE			☐ Change	☐ Addition				
NAME .	MAUK, CAROLINE G	1.2 NAME		•						
STREET ADDRESS	28540 BERMONT RD	1.3 STREET ADDRESS				}				
CITY-ST-ZIP	PUNTA GORDA FL 33982	1,4 CITY-ST-ZIP								
TITLE	D DELETE	2.1 TITLE			Change	☐ Addition				
NAME }	MAUK, BRUCE A	22 NAME								
STREET ADDRESS	28540 BERMONT RD	2.3 STREET ADDRESS								
CITY-ST-ZIP	PUNTA GORDA FL 33982	2. 4 CiTY-ST-ZIP			·					
TIFLE	DELETE □ DELETE	31 TITLE	-		Change	☐ Addition				
NAME		3.2 NAME								
STREET ADDRESS		3.3 STREET ADDRESS								
CITY-ST-ZIP		3.4. CITY-ST-ZIP								
TITLE	. DELETE	4.1 TITLE	-		Change	☐ Addition				
NAME		4.2 NAME								
STREET ADDRESS		4.3 STREET ADDRESS								
CITY+ST-ZIP		4.4 C/TY-ST-ZIP								
TITLE	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition				
NAME]		5.2 NAME				j				
STREET ADORESS		5.3 STREET ADDRESS								
CITY-ST-ZIP		5.4 CITY-ST-ZIP								
TITLE	☐ DELETE	6.1 TITLE			☐ Change	Addition				
NAME		6.2 NAME				į				
STREET ADDRESS	THE AND COME	6.3 STREET ADDRESS								
CITY-ST-ZIP		6.4 CITY-ST-ZIP								

14. I 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, with all other like empowered.

SIGNATURE: