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May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000096558 (7)

1. Corporation Name  
K-9 INSTITUTE OF THE PALM BEACHES, INC.



Principal Place of Business: P O BOX 33174, PALM BEACH GARDENS FL 33420  
Mailing Address: P O BOX 33174, PALM BEACH GARDENS FL 33420-3174

3. Date Incorporated or Qualified: 11/21/1996  
3a. Date of Last Report: N/A

2. Principal Place of Business: 21 1585 MATTHEW DRIVE, 22 Suite, Apt. #, etc. 6, 23 Ft. Myers, FL, 24 Zip 33907, 25 Country USA  
2a. Mailing Address: 26 1585 MATTHEW DRIVE, 27 Suite, Apt. #, etc. 6, 28 Ft. Myers, FL, 29 Zip 33907, 30 Country USA

4. FEI Number: 65-0709429  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: ADAMS, RICHARD A, 118 CYPRESS POINT DR, PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent: 81 Name ADAMS, RICHARD A, 82 Street Address (P.O. Box Number is Not Acceptable) 1585 MATTHEW DRIVE, 83 Suite # 6, 84 City Ft. Myers, FL, 85 Zip Code 33907

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: Richard A. Adams, RICHARD A. ADAMS, DATE: 4-27-97

12. OFFICERS AND DIRECTORS

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | D                           | <input checked="" type="checkbox"/> DELETE |
| NAME           | ADAMS, RICHARD A            |  |
| STREET ADDRESS | P O BOX 33174 N/A           |  |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL 33420 |  |
| 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    |                             |  |
| TITLE          |                             | <input type="checkbox"/> DELETE            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                               |  |
|--------------------|-------------------------------|--|
| 1.1 TITLE          | D                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | ADAMS, RICHARD A              |  |
| 1.3 STREET ADDRESS | 1585 MATTHEW DRIVE, suite # 6 |  |
| 1.4 CITY-ST-ZIP    | FT MYERS, FL 33907            |  |
| 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: Richard A. Adams, 4-27-97

CR2E034 (9/96)