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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096558 (7)

K-9 INSTITUTE OF THE PALM BEACHES, INC.

FILED
May 09 1997 8:00am
Secretary of State

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City & State 2	P O BOX 33174 PALM BEACH GARDENS FL 33420	P O BOX 33174 Palm Beach Gardens Fl	33420-3174				
Supplementable Supp					3a. Date of Last Report		
South Date etc. South April Sections		2a. Mailing Address		4. FEI Number	Applied For		
Suite Desired Section	21 /585 MATTHEW DRIVE				Not Applicable		
City & State 2	Suite, Apt. #, etc.	Suite, Apt. #, etc.			1 1 *		
Section Sect	City & State	28 17. MYERS,	Fl	Trust Fund Contribution	Added to Fees		
ADAMS, RICHARD A 118 CYPRESS POINT DR PALM BEACH GARDENS FL FL334-18 80 Storet Address (F.O. Box Number is Not Acceptable) 91 Storet Address (F.O. Box Number is Not Acceptable) 92 Storet Address (F.O. Box Number is Not Acceptable) 93 Storet THEW DP 1/12 94 Dr. Nyers FL 85 29 Cogg 33 30 77 95 Dr. Nyers FL 85 29 Cogg 33 30 77 96 Dr. Nyers FL 85 29 Cogg 33 30 77 97 Dr. Nyers FL 85 29 Cogg 33 30 77 98 Dr. Nyers FL 85 29 Cogg 33 30 77 98 Dr. Nyers FL 85 29 Cogg 33 30 77 98 Dr. Nyers FL 85 29 Cogg 33 30 77 98 Dr. Nyers FL 85 29 Cogg 33 30 77 98 Dr. Nyers FL 85 29 Cogg 33 30 77 98 Dr. Nyers FL 85 29 Cogg 33 30 77 98 Dr. Nyers FL 85 29 Cogg 33 30 77 99 Dr. Nyers FL 85 29 Cogg 33 30 77 99 Dr. Nyers FL 85 29 Cogg 33 30 77 99 Dr. Nyers FL 85 29 Cogg 33 30 77 99 Dr. Nyers FL 85 29 Cogg 33 30 77 90 Dr. Nyers FL 85 29 Cogg 33 30 77 90 Dr. Nyers FL 85 29 Cogg 33 30 77 90 Dr. Nyers FL 85 29 Cogg 34 Dr. Nyers FL 85 29 Cogg 35 Dr. Nyers FL 85 29 Cogg 36 Dr. Nyers FL 85 29 Cogg 37 Dr. Nyers FL 85 29 Cogg 37 Dr. Nyers FL 85 29 Cogg 37 Dr. Nyers FL 85 29 Cogg 38 Dr. Nyers FL 85 29 Co	24 33907 25 USA	29 33907		Florida Statutes]Yes □ No		
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THE CYPRESS FUNI DR PALM BEACH GARDENS FL FL334-18 2	ADAMS, RICHARD A BI Name ADAMS, RICHARD A						
Suffer Company Compa		18	Address (P.O. Box Number is Not Acceptat	fress (P.O. Box Number is Not Acceptable)			
11. Piresunts to the provisions of Sections 607 6662 and 607 1606. Florids Statute of Colors to option of agent, or both, in the State of Foods. Such charge was authorized by the corporation submits this esteement for the purpose of changing its registered agent, and acreate the obligations of. Section 607 0505, Florids Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS 13. ADOITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INITIAL DAMAS RICHARDA PO BOX 33174 N/A 113. SIRECT ADDRESS OTIV-ST-2P TITLE DELETE DELETE DELETE DELETE 13. ADOITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADAMS, RICHARDA 12. INITIAL ADAMS, RICHARDA PO BOX 33174 N/A 13. SIRECT ADDRESS OTIV-ST-2P TITLE DELETE DELETE DELETE 3. TITLE DELETE 1.1 TITLE DELETE 2. LIVE ST-2P DELETE 3. ADOITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADAMS RICHARDA RICHARDS CITY-ST-2P TITLE DELETE 3. TITLE ADAMS RICHARDA RICHARDS CITY-ST-2P TITLE DELETE 3. TITLE DELETE 3. TITLE ADAMS RICHARDA RICHARDS CITY-ST-2P TITLE DELETE 3. ADOITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADAMS RICHARDA RICHARDA 13. SIRECT ADDRESS CITY-ST-2P TITLE DELETE 3. TITLE DELETE 3. TITLE DELETE 3. TITLE Change Addition Change Addition Change Addition Change Addition ADAMS ACITY-ST-2P TITLE DELETE 3. TITLE DELETE 3. SIRECT ADDRESS CITY-ST-2P TITLE DELETE 3. TITLE DELETE			183 Surt	46			
SIGNATURE Company Com			84 City	MUERS			
SIGNATURE Signatury Signa	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 damiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
12. OFFICERS AND DIRECTORS TITLE ADAMS, RICHARD A FO BOX 33174 N/A PO BO	-A (V / -N)	RICHARD A. A.	DAMS		<i>トンフ・タフ</i>		
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14. Ido 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: REMINISTRUMENTAL A. NOPOS

4.27.97