Mar 05, 1999 8:00 am

Secretary of State

03-05-1999 90028 010 ***158.75

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000014112

1. Corporation Name

GONE TO THE DOGS INC

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Principal Place	Mailing Address	ng Address			יינוויונוייי	י יוופט זווטט זונטט וועקו נווקו שוו		1919 1101 1001	
		4415 W. HILLSBORO BLV COCONUT CREEK FL 33							
	•						DO NOT WRITE IN T	HIS SPACE	
						3. Date Incorpo			
						02/10/199	7		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21		26				65-072740)8	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of	Status Desired 👿	\$8.75 A	
City & Stat	<u> </u>	City & State				6. Election Cam	nainn Financing	\$5.00	Jan Bē
		28				Trust Fund C		Added to	
23 Zip	Country	Zip	Co	untry		- 	ion owes the current yea	r Intangible	
—, ·		29	30			Personal Pro	•		□No
24	9. Name and Address of Currer		ĮJUĮ	1			ddress of New Register		
	g. Harrie and Address of Currer	it itogistatou Agont		81 Na	me	10.			
WYM	IARD, TAMELA								
< 8091 N.W. 21 ST.				82 Str	eet Addr		per is Not Acceptable)		Į.
SUNRISE FL 33322					34	H NE	17 Jenn	•	
000	LIGE 1 C-000ZE			83					1
				84 Cit	Y-T- 6	-AUDEADAL	٠ ا	EL 85 Zip C	ode 3 20
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorize	ed by the c	ned com	oration submits this	statement for the purpos	e of changing its r	eaistered
SIGNATURE	Signature, typed or printed name of registered age:	nt and title if applicable. (NO	TE: Registere	ed Agent signa	ture require	d when reinstating)	DATE		<u> </u>
12.		ID DIRECTORS	13			ADDITIONS/C	HANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1.1 7	TITLE				Change	Addition
NAME	WYMARD, TAMELA		1.27	1.2 NAME		_		,	-
STREET ADDRESS	8091 NW-21-STREET			1.3 STREET ADDRESS		241 NE		1	
	SUNRISE FL 33322		1	CITY-ST-ZIP		ET: LAWASA	LOME FL 333	34	
CITY-ST-ZIP	SUNNISE PL 33322	☐ DELETE		TITLE		POUC		☐ Change	[] Addition
TITLE				NAME	`)				_ }
NAME				STREET ADDR					}
STREET ADDRESS					ESS				Ì
CITY-ST-ZIP		□ DELETE		CITY-ST-ZIP	-		<u> </u>	Change	Addition
TITLE		□ vereie		TITLE					
NAME				NAME					
STREET ADDRESS				STREET ADDA	ESS				
CfTY-ST-ZIP				CITY-ST-ZIP					- Addition
TITLE		☐ DELETE	4.1	TITLE		•		Change	☐ Addition (
NAME			4.2	NAME	1				
STREET ADDRESS			4.3	STREET ADDR	RESS				-
CITY-ST-ZIP			4,4	CITY-ST-ZIP			_		

CITY-ST-ZIP . 14. I hereby certify that the information supplied with this filling 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

DELETE

☐ DELETE

☐ Change

Change

Addition

☐ Addition