

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000045205 (6)

1. Corporation Name

CROSSROADS COUNTRY KENNEL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6372 GOODWAY DR BROOKSVILLE FL 34602		Mailing Address 6372 GOODWAY DR BROOKSVILLE FL 34602	
2. Principal Place of Business 21 6372 GOODWAY DRIVE Suite, Apt. #, etc. 22 City & State 23 BROOKSVILLE FL Zip 24 34602		2a. Mailing Address 26 6372 GOODWAY DRIVE Suite, Apt. #, etc. 27 City & State 28 BROOKSVILLE FL Zip 29 33707 Country 30 USA	
9. Name and Address of Current Registered Agent TASH, PAULA P 6061 GULFPORT BLVD GULFPORT FL 33707		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 FL 86 Zip Code	
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 Paula Tash Signature, typed or printed name of registered agent and title if applicable		DATE 2-28-98 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP D TASH, PAULA P 6061 GULFPORT BLVD GULFPORT FL 33707 DELETE D TASH, JOSEPH E 6061 GULFPORT BLVD GULFPORT FL 33707 DELETE D MORELLI, SHEILA 6372 GOODWAY DR BROOKSVILLE FL 34602 DELETE DELETE DELETE DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition	

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.

SIGNATURE
2/28/98 6372-6371

CR2E034 (10/97)