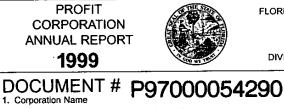
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

DOGGED DESIGN STUDIO, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90096 011 ***150.00



				•			A	
Principal Place of Business Mailing Address						1 (10)/10) (in 10)/15 (10)/10 (10)/15		
PO BOX 10431 PO BOX 10431 TAMPA FL 33679 TAMPA FL 33679						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 06/19/1997		
2. Principal Pl	ace of Business	2a. Mailing Address	ta. Mailing Address			4. FEI Number Applied For	$\overline{}$	
21		26				59-3452734 Not Applicat		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	5. Certificate of Status Desired	_	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip	Country 25	Zip 29	Country 30			This corporation owes the current year Intangible Personal Property Tax.		
	9. Name and Address of Currer	nt Registered Agent		Γ.		10. Name and Address of New Registered Agent	_	
				81	Name			
ZELEN, TERRY M 4628 WEST SAN JOSE STREET				82	Street Address (P.O. Box Number is Not Acceptable)			
TAM	PA FL 33629			83				
				84	City	FL 85 Zip Code		
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Flonda. Such change was itions of, Section 607.0505, I	s autnorizeo Florida Stat	utes.	ine corporat	poration submits this statement for the purpose of changing its registere ion's board of directors. I hereby accept the appointment as registered	d	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				egistered Agent signature require		red when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	, -	
12.		ID DIRECTORS	13. 1.1 Ti	TI E	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D TERRY M		1.1 N				ļ	
NAME ZELEN, TERRY M STREET ADDRESS PO BOX 10431 N/A			1.3 STREE		ADDRESS		1	
STREET ADDRESS PO BOX 10431 N/A CITY-ST-ZIP TAMPA FL 33679			1.4 CITY-ST-ZIP					
TITLE	TAIN A 1 C 300/9	☐ DELETE	2.1 TI			☐ Change ☐ Add	ition	
NAME	_		2.2 N	AME		·		
STREET ADDRESS			2.3 S	TREET	ADDRESS			
CITY-ST-ZIP		<u></u>	·-·· ·2.40	HY-S	T-ZIP			
TITLE		☐ DELETE	3.1 TI	TLE		☐ Change ☐ Add	ition	
NAME			3.2 N	AME				
STREET ADDRESS			3.3 S	TREET	F ADDRESS			
CiTY-ST-ZIP				ITY-S	T-ZIP	☐ Change ☐ Add	lition	
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NAME				IAME	- 1000000			
STREET ADORESS					T ADDRESS			
CITY-ST-ZIP TITLE	L-VPV	☐ DELETE	4.4 C	ITY-S	1-211	☐ Change ☐ Ado	lition	
NAME			5.2 N			, _		
STREET ADDRESS			5.3 S	TREET	T ADDRESS			
CITY-ST-ZIP			•	ITY-\$				
TITLE		☐ DELETE	6.1 T	ME		☐ Change ☐ Ado	lition	
NAME			6.2 N	AME				

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.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP