

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

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Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000101969 (8)

1. Corporation Name

CANINE COUNSELORS OF AMERICA, INC.



Principal Place of Business 1660 SOUTHERN BOULEVARD SUITE A WEST PALM BEACH FL 33406	Mailing Address 1660 SOUTHERN BOULEVARD SUITE A WEST PALM BEACH FL 33406
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2771143	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WARD, ROBERT
1660 SOUTHERN BOULEVARD
SUITE A
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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 *Robert D. Ward* DATE *2-8-98*
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WARD, ROBERT	1.2 NAME	
STREET ADDRESS	1660 SOUTHERN BOULEVARD SUITE A	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	
TITLE	VPTD	2.1 TITLE	
NAME	MCINTIRE, JANICE	2.2 NAME	
STREET ADDRESS	1660 SOUTHERN BOULEVARD SUITE A	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	
NAME	HATTON, JULIE	3.2 NAME	
STREET ADDRESS	1660 SOUTHERN BOULEVARD SUITE A	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	ARENCIBIA, PETER	4.2 NAME	
STREET ADDRESS	1660 SOUTHERN BOULEVARD SUITE A	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE: *Robert D. Ward* DATE: *2-8-98*
Signature typed or printed name of signing officer or director

CR2E034 (10/97)