PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kathorine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000004429

JOEDOGS, INC.

Principal Place of Business 1036 E LAKES DR POMPANO BEACH FL 33064

2. Principal Place of Business

City & State

Sulte, Apt. #, etc.

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Zip

Mailing Address

2a.

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1038 E LAKES DR POMPANO BEACH FL 33064

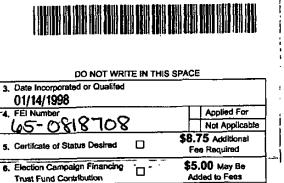
Mailing Address

Suite, Ant. #. etc.

City & State

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90082 030 ***150.00



Zip Country 8. This corporation owes the current year Intangible Country Yes 30 Personal Property Tax. 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BRATTON, SUSAN M Street Address (P.O. Box Number is Not Acceptable) 1038 E LAKES DR POMPANO BEACH FL 33064 Zip Code City

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 temillar with, an except the appointment as registered agent. I am temillar with, an except the appointment as registered. tered Agent signature requi (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition Change DELETE 1.1 TITLE TITLE Presiden-CR2E034 1.2 NAME NUE Susan 1.3 STREET ADDRESS Lakes STREET ADDRESS 1036 E 1.4 CITY-ST-ZIF CITY-ST-ZIF ☐ Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 31 TIDE TITLE 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CTTY-ST-ZIP CITY-ST-ZIP Addition [7] Change DELETE 41TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CTTY-ST-ZIP CITY-ST-ZP Change ☐ Addition 6.1 TTLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 supplier/fental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 a ress, with all other like empowered.

SIGNATURE