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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000033197

NATIONAL DOG COUR

NATIONAL PRO SOURCE, INC.

Principal Place of Business

Mailing Address

1208 WHIPSTICK TRAIL MIDDLEBURG FL 32068

21

22

23

24

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

1208 WHIPSTICK TRAIL MIDDLEBURG FL 32068

Mailing Address

Suite, Apt. #, etc.

City & State

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90064 003 ***158.75

<u> 1904/1904 (1917-1910), 1840), 1861), 1861), 1861), 1861), 1861), 1864, 1864, 1864, 1864, 1864, 1864, 1864, 1</u>

[] [] [] [] [] [] [] [] [] []							
DO NOT WRITE IN THIS	S SPACE						
3. Date Incorporated or Qualifed							
04/09/1998							
4. FEI Number	Applied For						
59-3509051	Not Applicable						
5 - Certificate of Status Desired	\$8.75 Additional						
6. Election Campaign Financing	\$5.00 May Be						

Added to Fees Trust Fund Contribution 28 Zip Country 8. This corporation owes the current year Intangible **™**No Personal Property Tax. ☐ Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MEIER, COREAN Street Address (P.O. Box Number is Not Acceptable) 82 1208 WHIPSTICK TRAIL MIDDLEBURG FL 32068 83 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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Reg	gistered Agent signature re	equired when reinstating)	DATE	
			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	P/D	Change Change	☐ Addition
NAME	MEIER, COREAN		1.2 NAME	P/D meier, corean - same address V/D	-	
STREET ADDRESS	1208 WHIPSTICK TRAIL		1.3 STREET ADDRESS	1 = same allress	_	
CITY-ST-ZIP	MIDDLEBURG FL 32068		1.4 CITY-ST-ZIP	Surie agains		
TITLE	D	DELETE	2.1 TITLE	V/D.	Change	Addition
NAME	MEIER, PETER		2.2 NAME	meier, peter - same addres		
STREET ADDRESS	1208 WHIPSTICK TRAIL	٠. سب	2.3 STREET ADDRESS	The same in decide		
C/TY-ST-Z/P	MIDDLEBURG FL 32068		2.4 CITY-ST-ZIP	E some aares		
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADORESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	·	Change	☐ Addition
NAME .	2000 1877		6.2 NAME			
STREET ADDRESS	The state of the s		6.3 STREET ADDRESS			
CITY-ST-ZIP	3		6.4 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 13 if charge () at a statutes; and that my name appears in 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 charge () at a same legal effect as if made under oath; that I am an officer or director of the corporation of the corpora

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 APR 99

904)041 -4001