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

PROFIT CORPORATION ANNUAL REPORT

1007



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1337			_		
DOCUMENT # S01511 1. Corporation Name CAPTAIN CANINE & FRIENDS, INC.  (2)						
					171   171   172   173   173   174   175	
Principal Place of Business		Mailing Address		. I I LEGATO FOR THE CONTROL WINDS FINDS FOR THE	OSBEL BIRIT BIRIT ATRIL ATRIL BIRIT 1981	
8337 W ATLANTIC BLVD		8337 W ATLANTIC BLVD				
CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071-7452				
				3. Date Incorporated or Qualified 09/20/1990	<b>3a.</b> Date of Last Report <b>04/29/1996</b>	
2. Principal Place of Business		2a. Mailing Address		4, FEI Number	Applied For	
Suite, Apt. #. etc.		Suite, Apt. #, etc.		65-0211139	Not Applicable	
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Žip	Country	Zip	Country	8. This corporation has liability for		
24	25		30		Yes X No	
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Current	Registered Agent	81 Name	10, Name and Address of New Re	gisteres Agent	
	DOMAN, DAVID M		81 Name	•	,	
			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33071			83			
ı						
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	poration submits this statement for the ption's board of directors. I hereby acce				
office or reasont. La	egistered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized by the corporation	tion's board of directors. I hereby accep	ot the appointment as registered	
SIGNATURE	1) total 1 and	A } .	1/idw		210/27	
	Signature, typed or peopled name of registered agen		Registered Agent signature requi		DATE TO DESCRIPTION OF THE PROPERTY OF THE PRO	
12,	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition	
Title	GOODMAN, VICTOR H		1.2 NAME	•		
NAME CHACT ADDRESS	125 CLEVELAND ROAD		1.3 STREET ADDRESS			
STREET ADDRESS CHTY-ST-ZIP	NEW HAVEN CT		1.4 CITY-ST-ZIP			
TITLE	C	DELETE	2.1 TITLE		Change Addition	
NAME	GOODMAN, DAVID, M		2.2 NAME			
STREET ADDRESS	2720 CENTER AVE		2.3 STREET ADDRESS	•		
CITY - ST - ZIP	FT LAUDERDALE FL		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		-7	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP		Delete	3.4. CITY-ST-ZIP		The Course of th	
TITLE		DELETE	4.1 TITLE	• .	Change Addition	
NAME			4. 2 NAME	•	\	
STREET ADDRESS			4.3 STREET ADDRESS			
CHTY-ST-ZIP THILE		☐ DELETE	4.4 CiTY-ST-ZIP 5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE	1	DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CHTY+ST+ZIP			6.4 CHTY-ST-ZIP			

14. I do 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:

GNATURE AND TYPED OR PRINTED NAME OF EIGHING DIFFICER OR DIRECTOR

3/10/4) 954-7531124

**FILED** 

Mar 17 1997 8:00am

Secretary of State