


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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S31312 (9)					
1. Corporation Name CRITTER CARE & KENNEL CLUB, INC.					
Principal Place of Business 2598 GARY CIR #102 DUNEDIN FL 34698			Mailing Address 2598 GARY CIR #102 DUNEDIN FL 34698-1741		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/11/1991 3a. Date of Last Report 08/14/1996 4. FEI Number 59-3062030 5. Certificate of Status Desired X 6. Election Campaign Financing Trust Fund Contribution 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes X Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DICKINSON, ROBERT C., III 33920 HIGHWAY 19 NORTH SUITE 150 CLEARWATER FL 34684				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 607.0602 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.				12. Name and Address of New Registered Agent MICHALIK, MICHELLE M 2598 GARY CIR #102 DUNEDIN FL 34698	
SIGNATURE MICHELLE M. MICHALIK Signature, typed or printed name of registered agent and title if applicable.				DATE 3-20-97 (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - 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 MICHELLE M. MICHALIK Signature and typed or printed name of signing officer or director					



CR2E034 (9/96)