PROFIT CORPORATION ANNUAL REPORT 1996		A COMPANY	TER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS										
OCUMENT # S62492 (1)													
DOG WORKS INCORPORATED													
rrincipal Place of Business Mailing Address) (691/6/5 716 GYANG ALBUR GROUP HOUSE	t 1981 BIGIL ALDI	il Alāli Afbit at	in Bign (An	
6563 - 46TH ST N. 6241 60TH AVE NO STE. 701 ST PETERSBURG FL 33709								Date incorporated or Qualified	3a. Dat	e of Last Re	port		
PINELLAS PARK FL 34665 US									06/26/1991		04/13/1995 Applied For		
Principal Place	of Business		2a. N	failing Address				4.	FEI Number 59-3074427		L,	lot Applicable	
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Suite, Apt. #, e	Suite, Apt. #, etc.			27 Oty & State				1 -	Election Campaign Financing		\$5.0	Nequired May Be I to Fees	
City & State			28				-	Trust Fund Contribution This corporation has liability for					
Zip		Country	F	7(p	30	ountry		- 1	Florida Statutes Y	es ∐No			
	25	Address of Current	29 Registe	ered Agent	1301	T		10.	Name and Address of New	Registere	Agent		
ST PETER	6241 60TH AVE N ST PETERSBURG FL 33709						City			F	1 - · · ·	p Code	
11. Pursuant to or registerer	the provisions d agent, or bot	of Sections 607.0502 n, in the State of Florid de obligations of, Sect	and 607	r.1508, Florida State change was author 1505, Florida Statelfe	ites, the a ized by thess.	ie cout spoke	named corps poration's bo	oration and of i	submits this statement for the directors. I hereby accept the a	purpose of o appointment	changing its as registere	registered offi d agent 1 am	
familiar with	i, and accept ti	le obligations on com-					on superiors force			DAIR			
Signature, typed or philled har is only growning.			AND DIRECTORS			13.			ADDITIONS/CHANGES TO C	OFFICERS A	ND DIRECT	ORS IN 12 Addit o	
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14. I do hereby certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I further certify that the information indicated on this arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrural report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 it changed, or on an attachment with an address.

SEGNATURE

SIGNATURE

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.2 NAME

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

0317973 CP

CR2E034 (12/95)