

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

FILED

May 14 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **V44270** (9)

1. Corporation Name
BULLDOG CAPITAL MANAGEMENT, INC.

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|--|--|
| Principal Place of Business 301-B TURNER ST. STE. 302 CLEARWATER FL 34616 US | Mailing Address 301-B TURNER ST. CLEARWATER FL 34616-5326 US |
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| | |
|--|--|
| 3. Date Incorporated or Qualified 06/17/1992 | 3a. Date of Last Report 01/29/1996 |
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| | |
|---|---|
| 2. Principal Place of Business 21. 33 NORTH GARDEN AVE Suite, Apt. #, etc. 22. # 750 City & State 23. CLEARWATER FL 34625 Zip 24. 34625 25. USA | 2a. Mailing Address 26. 33 NORTH GARDEN AVE Suite, Apt. #, etc. 27. #750 City & State 28. CLEARWATER FL Zip 29. 34625 30. USA |
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|---|--|
| 4. FEI Number 59-3131284 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
POLLACK, RONALD
301-B TURNER ST.
CLEARWATER FL 34616-34625

| | |
|--|------------------------|
| 10. Name and Address of New Registered Agent | |
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. | |
| 84. City | FL 85. 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *Brandon L Marion* (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | POLLACK, RONALD J. |
| STREET ADDRESS | 301-B TURNER ST. |
| CITY - ST - ZIP | CLEARWATER FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | CS POLLACK, MIREILLE |
| STREET ADDRESS | 301-B TURNER ST. |
| CITY - ST - ZIP | CLEARWATER FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | VP MARION, BRANDON L |
| STREET ADDRESS | 301-B TURNER ST. |
| CITY - ST - ZIP | CLEARWATER FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.1 TITLE | |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Brandon L Marion* 4/29/97 813-298-5912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)