

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:29

DOCUMENT # 110733 (3)

1. Corporation Name
BISCAYNE KENNEL CLUB INC

Principal Place of Business Mailing Address
**320 N.W. 115 ST.
MIAMI SHORES FL 33168** **320 N.W. 115 ST.
MIAMI SHORES FL 33168**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		07/10/1926	03/08/1994
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-0165290	Not Applicable
24. Zip	25. Country	29. Zip	30. Country	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				10. Name and Address of New Registered Agent	
PADRON, OSCAR J. 320 NORTHWEST 115TH STREET MIAMI SHORES FL 33168				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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registering agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPITZER, ELLEN W.	1.2 NAME	
STREET ADDRESS	320 N.W. 115 ST.	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI SHORES FL	1.4 CITY- ST- ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONNELL, ELLEN W.	2.2 NAME	
STREET ADDRESS	320 N.W. 115 ST.	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI SHORES FL	2.4 CITY- ST- ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST MARILYN A.	3.2 NAME	
STREET ADDRESS	75 E. PARKWAY N.	3.3 STREET ADDRESS	
CITY- ST- ZIP	MEMPHIS TN	3.4 CITY- ST- ZIP	
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADRON, OSCAR J.	4.2 NAME	
STREET ADDRESS	320 N.W. 115 ST.	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI SHORES FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPITZER, KARL A.	5.2 NAME	
STREET ADDRESS	320 NW 115TH STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI SHORES FL	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, JOHN ROBERT	6.2 NAME	
STREET ADDRESS	320 N.W. 115 ST.	6.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI SHORES FL	6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Ellen W. Spitzer*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING AGENT FILED ON DIRECTOR

1-23-95 209/754-3484
DATE (Optional Format)