

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

100001751541
-03/20/96--01099--008
***8.75



DOCUMENT # 707075 (8)

1. Corporation Name
MIAMI OBEDIENCE CLUB INC

Principal Place of Business: TROPICAL PARK, 7900 BIRD RD, MIAMI FL 33172 US
Mailing Address: 9155 SW 124TH STREET, MIAMI FL 33176 US

3. Date Incorporated or Qualified: 03/30/1964
3a. Date of Last Report: 05/01/1995
4. FEI Number: 23-7125622
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26 12320 SW 102 Court
22. Suite, Apt. #, etc.: 27
23. City & State: 28 Miami, FL
24. Zip: 25 33176 Country: 29 33176 30 US

9. Name and Address of Current Registered Agent: SIMONSEN, LINDA, 9155 S.W. 124TH ST., MIAMI FL 33176
10. Name and Address of New Registered Agent: 81 Name: Tracy Hanna, 82 Street Address: 12320 SW 102 Court, 84 City: Miami, FL, 85 Zip Code: 33176

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE: *Tracy Hanna* President Date: 2/9/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: SIMONSEN, LINDA STREET ADDRESS: 9155 S.W. 124TH ST. CITY-ST-ZIP: MIAMI FL 33176	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: President/Director 1.2 NAME: Tracy Hanna 1.3 STREET ADDRESS: 12320 SW 102 Court 1.4 CITY-ST-ZIP: Miami, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CHAMBERS, ELIZABETH STREET ADDRESS: 549 DESOTO DR. CITY-ST-ZIP: MIAMI SPRINGS FL 33166	<input type="checkbox"/> DELETE	2.1 TITLE: 300001751593 2.2 NAME: -03/20/96--01099--007 2.3 STREET ADDRESS: ***61.25 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SVP NAME: FERGUSON, ELLEN ROWE STREET ADDRESS: 7761 SW 134 AVE. CITY-ST-ZIP: MIAMI, FL 33183	<input type="checkbox"/> DELETE	3.1 TITLE: Secretary/Director 3.2 NAME: 100001751541 3.3 STREET ADDRESS: -03/20/96--01099--008 3.4 CITY-ST-ZIP: ***20.00	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MCALHANY, PATRICIA STREET ADDRESS: 1740 WESTWARD DR. CITY-ST-ZIP: MIAMI SPRINGS FL 33166	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: Treasurer 4.2 NAME: Catherine Chicvara 4.3 STREET ADDRESS: 8371 SW 35 Terrace 4.4 CITY-ST-ZIP: Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: KLEIN, CAROL ANN STREET ADDRESS: 534 NE 94TH ST. CITY-ST-ZIP: MIAMI SHORES FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: Miami Shores, FL 33138 5.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tracy Hanna* Tracy Hanna, President Date: 2/9/96 (305)251-9668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)