

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 PM 5: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 744431 (8)
1. Corporation Name
DOG OBEDIENCE CLUB OF HOLLYWOOD, INC.

Principal Place of Business Mailing Address
**6591 Sw 45 St.
Davie, FL 33314** **D.O. C.O.H.
P.O. Box 290505
Davie, FL 33329**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 29 Zip 30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/29/1978** 3a. Date of Last Report

4. FEI Number **590182722** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**Lux, Brenda
5704 Hallandale Bch. Blvd.
Hallandale, FL 33023**

10. Name and Address of New Registered Agent
B1 Name **Thomas, Jana**
B2 Street Address (P.O. Box Number is Not Acceptable) **8831 NW 14 St.**
B3
B4 City **Pembroke Pines** FL B5 **33024**

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 *Jana Thomas* **Treasurer** DATE **4/28/95**

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME Vickie Cassarino
STREET ADDRESS 6301 SW 6 St.
CITY-ST-ZIP Pembroke Pines, FL 33023

TITLE VP/D
NAME Iraida Ortiz Davis
STREET ADDRESS 2893 S. Edgehill Lane
CITY-ST-ZIP Cooper City, FL 33332

TITLE S/D
NAME Bobbi Feldman
STREET ADDRESS 2151 Nova Village Dr.
CITY-ST-ZIP Davie, FL 33317

TITLE T/D
NAME Brenda Lux
STREET ADDRESS 5704 Hallandale Bch. Blvd.
CITY-ST-ZIP Hallandale, FL 33023

TITLE D
NAME Edie Borushok
STREET ADDRESS 4731 N 36 St.
CITY-ST-ZIP Hollywood, FL 33021

TITLE D
NAME Diane Whetsel
STREET ADDRESS 10216 NW 50 St.
CITY-ST-ZIP Sunrise, FL 33351

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P/D Change Addition
12 NAME Iraida Ortiz-Davis
13 STREET ADDRESS 2893 S. Edgehill Lane
14 CITY-ST-ZIP Cooper City, FL 33332

21 TITLE VP/D Change Addition
22 NAME Vicki Watts Shaw
23 STREET ADDRESS 3400 SW 137 Ave.
24 CITY-ST-ZIP Miramar, FL 33027

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE Change Addition
42 NAME T/D Jana Thomas
43 STREET ADDRESS 8831 NW 14 St.
44 CITY-ST-ZIP Pembroke Pines, FL 33024

51 TITLE Change Addition
52 NAME 700001478717
53 STREET ADDRESS -05/08/95--01042--024
54 CITY-ST-ZIP ***130.00 ***130.00

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 the 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: *Jana Thomas* DATE **4/28/95** (305) 436-6551