


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000579 (3)**

1. Corporation Name

**THE GERMAN SHEPHERD DOG CLUB OF ORLANDO INC.**



Principal Place of Business <b>P.O. BOX 520520 LONGWOOD FL 32752-0715 US</b>	Mailing Address <b>P.O. BOX 520520 LONGWOOD FL 32752-0520 US</b>
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3. Date Incorporated or Qualified <b>02/08/1993</b>	3a. Date of Last Report <b>02/26/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent  <b>WILCK, ARLENE 114 SWEETBRIAR BRANCH LONGWOOD FL 32750</b>	
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10. Name and Address of New Registered Agent  <b>Betty A. Radzevich Street Address (P.O. Box Number is Not Acceptable) 1400 Lincolnwood Lane City Longwood FL Zip Code 32750</b>	
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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 617.0307, Florida Statutes.

SIGNATURE *Betty A. Radzevich* (NOTE: Registered Agent; signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>RADZEVICH, KARL W.</b>	
STREET ADDRESS <b>1400 LINCOLNWOOD LN</b>	
CITY-ST-ZIP <b>LONGWOOD FL 32750</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>SWARTZ, SYBLE</b>	
STREET ADDRESS <b>1563 W BERESFORD</b>	
CITY-ST-ZIP <b>DELAND FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>FRIESEL, BARBARA</b>	
STREET ADDRESS <b>1944 POINSETTA DR</b>	
CITY-ST-ZIP <b>DAYTONA BEACH FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>WILCK, ARLENE</b>	
STREET ADDRESS <b>114 SWEETBRIAR BRANCH</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WEST, RON</b>	
STREET ADDRESS <b>530 HAMILTON DR</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>WILCK, ERNIE</b>	
STREET ADDRESS <b>114 SWEETBRIAR BRANCH</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>Karl Radzevich</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>SAME</b>	
1.3 STREET ADDRESS <b>1400 Lincolnwood Ln</b>	
1.4 CITY-ST-ZIP <b>Longwood, FL 32750</b>	
2.1 TITLE <b>Vice-President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Dominick Pabillon</b>	
2.3 STREET ADDRESS <b>P.O. Box 1166</b>	
2.4 CITY-ST-ZIP <b>Wildwood, FL 34785</b>	
3.1 TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Syble Swartz</b>	
3.3 STREET ADDRESS <b>N/A</b>	
3.4 CITY-ST-ZIP <b>MA PO Box 520520 Longwood FL 32752-0520</b>	
4.1 TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>Betty A. Radzevich</b>	
4.3 STREET ADDRESS <b>1400 Lincolnwood Lane</b>	
4.4 CITY-ST-ZIP <b>Longwood, FL 32750</b>	
5.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Maureen Jackson</b>	
5.3 STREET ADDRESS <b>885 Kimball Dr.</b>	
5.4 CITY-ST-ZIP <b>Ocoee, FL 34761</b>	
6.1 TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Mike Spira</b>	
6.3 STREET ADDRESS <b>N/A</b>	
6.4 CITY-ST-ZIP <b>P.O. Box 730373 Ormond Beach, FL 32173</b>	

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

3/29/97 407-767-9567

CR2E037 (9/96)