

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

**APPROVED
AND
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95 MAY -1 AM 9:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT,
1995



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

DOCUMENT # N94000005323 (0)
1. Corporation Name
MINIATURE PINSCHER CLUB OF SOUTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**11617 NW 35TH CT
CORAL SPRINGS FL 33065** **11617 NW 35TH CT
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified **10/27/1994** 3a. Date of Last Report
4. FEI Number **65-0567860** (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 § 199.002, Florida Statutes Yes No

2. Principal Place of Business 26. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**HARIG, RICHARD L
11617 NW 35TH CT
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0509 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 changing agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
* Signature must be printed name of registered agent and the filer. (Date) (Name) (Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	HARIG, RICHARD L
STREET ADDRESS	11617 NW 35TH CT
CITY ST ZIP	CORAL SPRINGS FL 33065
TITLE	DV
NAME	DUTTON, ANN
STREET ADDRESS	13801 STIRLING RD
CITY ST ZIP	FT LAUDERDALE FL 33330
TITLE	DS
NAME	HARIG, SUE M
STREET ADDRESS	11617 NW 35TH CT
CITY ST ZIP	CORAL SPRINGS FL 33065
TITLE	DT
NAME	ANGELBELLO, ARMANDO
STREET ADDRESS	619 SW 17TH ST
CITY ST ZIP	FT LAUDERDALE FL 33315
TITLE	D
NAME	BUNN, FRED
STREET ADDRESS	RT 1 BOX 277B
CITY ST ZIP	BOYNTON BEACH FL 33437
TITLE	D
NAME	NEWMAN, ADELE
STREET ADDRESS	PRESCOTT I 175
CITY ST ZIP	DEERFIELD BEACH FL 33442

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	200001504162
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	-06/02/95--11001504162
23 STREET ADDRESS	***130.00 ***130.00
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	5/1/95
54 CITY ST ZIP	LAUDERHILL, FL 33351
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	D VERA H. BISTRIM
63 STREET ADDRESS	7770 NW 40 ST., PH 510
64 CITY ST ZIP	LAUDERHILL, FL 33351

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

SIGNATURE: *Richard L Harig* *April 20, 1995* *WMA 303-845-4748*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)