

FILE NOW: FILING FEE IS \$61.25

FILED

May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

N96000006098

DALMATIAN RESCUE, INC.

Principal Place of Business

Mailing Address

972 NE 151 ST.
NORTH MIAMI BCH, FL. 33162

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

3. Date Incorporated or Qualified

11/22/96

4. FEI Number

52-2006801

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

PATRICIA DANE
972 NE 151 ST.
NORTH MIAMI BCH, FL. 33162

10. Name and Address of New Registered Agent

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 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

(Signature typed or printed below, as required by agent and the applicable)

(NOTE - Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PATRICIA DANE
STREET ADDRESS	972 NE 151 ST.
CITY - ST - ZIP	N MIAMI BCH FL. 33162
TITLE	☐ DELETE
NAME	MARK DANE TRUSTEE
STREET ADDRESS	972 NE 151 ST.
CITY - ST - ZIP	N MIAMI BCH FL. 33162
TITLE	☐ DELETE
NAME	CAROLINE ASHMAN TRUSTEE
STREET ADDRESS	3141 SHIPPING AVE
CITY - ST - ZIP	MIAMI FL. 33133
TITLE	☐ DELETE
NAME	BIANE ASHMAN TRUSTEE
STREET ADDRESS	3141 SHIPPING AVENUE
CITY - ST - ZIP	MIAMI FL. 33133
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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; 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98 (305) 947-1637

Date

Daytime Phone #

CR2E037 (10/97)