FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1999

1. Corporation Name

DOCUMENT # 299176



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90133 017 ***150.00

HOLLYV	VOOD KENNEL CLUB, INC.							
Principal Plac	ce of Business	Mailing Address				1 100118 11850 10110 10101 11011 18018 0	iil bidii bibii bibii bi	411 018 11 01011 1881
831 N FEDERAL HWY 831 N FEDERAL HWY					ļ	•		
HALLANDALE FL 33009 HALLANDALE FL 33009					Ī			
						DO NOT WRITE I	N THIS SPACE	
					3	3. Date Incorporated or Qualifed		
o Principal Plant (Paris)						11/29/1965		
2. Principal Place of Business		2a. Mailing Address			4	4, FEI Number	 	Applied For
21 Suite, Apt. #, etc.		26 Suite Apt # etc	Suite, Apt. #, etc.			38-1435702		Not Applicable
22		27			5. Certifcate of Status Desired		5 Additional Required	
City & State		City & State			Floation Compaign Financing		`	
23		28			•	 Election Campaign Financing Trust Fund Contribution 		0 May Be
Zip	Country	Zip	Country			3. This corporation owes the current		3 10 1 663
24	25	29	0		'	Personal Property Tax.	year intangible ☐ Yes	□No
	9. Name and Address of Curren				10	D. Name and Address of New Regis	stered Agent	
			81	Name				
ADKINS, DANIEL K.			82	Stroot	Addrose /	(P.O. Box Number is Not Acceptable)		
	N. FEDERAL HIGHWAY		02	Street	variess ((F.O. Box Number is Not Acceptable)		
HAL	LANDALE FL 33009		83					
			84	City				
			04	City			FL 85 Zi	p Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligation Signature, typed or printed name of registered agents.	of Florida. Such change was aut tions of, Section 607.0505, Florid	norized by la Statutes	the corpo	oration's b	board of directors. I hereby accept the	e appointment as	registered
12.		D DIRECTORS	egistered Ager	ii signature re	equired when		DATE	TODG IN 42
TITLE	PD	☐ DELETE	13.	Т		ADDITIONS/CHANGES TO OFFICE	Change	
NAME	HARTMAN, BERNARD L.	_ ·	1.2 NAME					
STREET ADDRESS	AAA 44 EEDEB44 48484		1.3 STREET	ADDRESS				
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-S					
TITLE	SDV	☐ DELETE	2.1 TITLE	1-21			☐ Change	e Addition
NAME	TYNER, HERBERT		2.2 NAME					
STREET ADDRESS	831 N FEDERAL HWY		2.3 STREET	ADDRESS				ļ
CITY-ST-ZIP	_HALLANDALE FL		-2. 4 CiTY-S	i		·		
TITLE	D	☐ DELETE	3.1 TITLE	,			☐ Change	e
NAME	Muller, Walter		3.2 NAME				_ •	i
STREET ADDRESS	24800 N. WESTERN HWY		3.3 STREET	ADDRESS				
CITY-ST-ZIP	Southfield Mi		3.4. CITY-S			•		Ì
TITLE		☐ DELETE	4.1 TITLE				☐ Change	e Addition
NAME			4, 2 NAME					_
STREET ADDRESS			4.3 STREET	ADDRESS				}
CITY-ST-ZIP			4.4 CITY-S1	-ZIP		•		
TITLE		☐ DELETE	5.1 TITLE	1			☐ Change	e
NAME			5.2 NAME				_ •	
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST	-ZIP				
TITLE		☐ ĐELETE	6.1 TITLE				☐ Change	e Addition
NAME			6.2 NAME				-	
STREET ADDRESS			6.3 STREET	ADDRESS				{
CITY-ST-ZIP			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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE: BERNARD LOHARTMAN RE

954-454-9400