


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

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 521604 (9) 1. Corporation Name SCHEELE KENNELS, INC.					
Principal Place of Business 748 LAKE HOWELL ROAD MAITLAND FL 32751			Mailing Address 748 LAKE HOWELL ROAD MAITLAND FL 32751-5220		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/01/1977	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 01/26/1996	
City & State 23		City & State 28		4. FEI Number 59-1711413	
Zip 24		Country 25		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SCHEELE, HARRY C. 748 LAKE HOWELL ROAD MAITLAND FL 32751			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 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title, if applicable _____ DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEELE, HARRY C.		1.2 NAME		
STREET ADDRESS	748 LAKE HOWELL ROAD		1.3 STREET ADDRESS		
CITY - ST - ZIP	MAITLAND FL		1.4 CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEELE, PAUL C.		2.2 NAME		
STREET ADDRESS	330 COLUMBUS CIRCLE		2.3 STREET ADDRESS		
CITY - ST - ZIP	LONGWOOD FL		2.4 CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAHER, ROBERT		3.2 NAME		
STREET ADDRESS	748 LAKE HOWELL ROAD		3.3 STREET ADDRESS		
CITY - ST - ZIP	MAITLAND FL		3.4 CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVES, KAREN		4.2 NAME		
STREET ADDRESS	748 LAKE HOWELL ROAD		4.3 STREET ADDRESS		
CITY - ST - ZIP	MAITLAND FL		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0089835

CR2E034 (9/96)