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

## CORPORATION ANNUAL REPORT 1998 DOCUMENT # 1. Corporation Name 521604 SCHEELE KENNELS, INC.

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

## Jan 28 1998 8:00am Secretary of State

**FILED** 



Principal Place of Business Mailing Address					I I MOTAL ASTAN BENNA DESIGNATE DOTES OTDE ARMEE I	JIBIT BIRKI DIBIK BIR	45 B1B31 1BB1
748 LAKE HOWELL ROAD 748 LAKE HOWELL ROAD MAITLAND FL 32751 MAITLAND FL 32751					DO NOT WRITE IN TH	IIS SPACE	
					3. Date Incorporated or Qualified		
					01/01/1977		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Applied For	
21 5 3 3 1 5 Suite. Apt # etc. Suite. Apt #, etc.					59-1711413	·	ot Applicable
27					5. Certificate of Status Desired	Fee Ro	Additional equired
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the		tangible No
24	25 SEMINOLE	29	30		Personal Property Tax due June 30.  10. Name and Address of New Register		7 1/10
9, Name and Address of Current Registered Agent				81 Name	10. Name and Address of New Register	su Agent	
SCHEELE, HARRY C.							
748 LAKE HOWELL ROAD				82 Street Add	ress (P.O. Box Number is Not Acceptable)		İ
MA	ITLAND FL 32751		-	83			,
1			1	<b>~</b>			
				84 City	•	85 Zip	Code
44 Qurrunat	to the provisions of Sections 607.0503	and 607 1508 Florida Statut	es the ab	ove-named con	noration submits this statement for the purpos	e of changing i	ts registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	by the corpora	poration submits this statement for the purpos titlon's board of directors. I hereby accept the	appointment as	registered
	im familiar with, and accept the obliga	tions of, Section 607.0505, Fig	orida Statt	nes.			
SIGNATURE	Signature, typed or printed name of registered ager	nt and title it applicable (NOT	E. Registered	Agent signature regu	lred when reinstating) DAT	E	<del></del>
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	VD	DELETE	1.1 TIT	E		Change	Addition
NAME	SCHEELE, HARRY C.		1.2 NA	ME			
STREET ADDRESS	748 LAKE HOWELL ROAD		1.3 ST	REET ADDRESS			}
CITY-ST-ZIP	MAITLAND FL		1.4 CIT	Y-ST-ZIP			
TITLE	PD	DELETE	2.1 TIT	LE	A STATE OF THE STA	☐ Change	Addition
NAME	SCHEELE, PAUL C.		2.2 NA	ME			
	COLUMBUO CIROLE	- <del></del>	2.3 \$11	IEET AODRESS			
CITY - ST - ZIP	LONGWOOD FL		2. 4 CI	TY-ST-ZIP			
TITLE	T	DELETE	3.1 YM	-E		Change	Addition
NAME	FRAHER, ROBERT		3.2 NA	ME I			
STREET ADDRESS	748 LAKE HOWELL ROAD		3.3 STF	EET ADDRESS			
CITY - ST - ZIP	MAITLAND FL		3.4. Ci1	Y-ST-ZIP			
TITLE	S	DELETE	4.1 TiT	E		Change	Addition
NAME	ALVES, KAREN		4. 2 NA	ME			
STREET ADDRESS	748 LAKE HOWELL ROAD		4.3 STF	EET ADDRESS			
CITY - ST - ZIP	MAITLAND FL		4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TITI	E		☐ Change	☐ Addition
NAME			5.2 NA	νE			
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT	.E =		Change	Addition
NAME			6.2 NA	/E			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			6.4 CIT	Y-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.

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