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PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 17 1998 8:00am Secretary of State

		DIVISION OF			
DOCU 1. Corpora	JMENT # 65576	60 (7)			
CONN	IELL KENNELS, INC.			}	
					HA B irin ala n bira bira 480
Principal Pl	ace of Business	Mailing Address			ini alani Afali afan ahati 1844
15901 ACORN CIRCLE TAVARES FL 32778 US		POST OFFICE BOX 950550 LAKE MARY FL 32795 US			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
Princina	Place of Business	2a. Mailing Address		02/12/1980 4. FEI Number	Applied For
]		26		59-1949077	Not Applicable
Suite, Ap	ot #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & St	ale	City & State			Fee Required
]		28		B. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z ip	Country	Zip	Country	8. This corporation owes or has paid the c	
	25 9. Name and Address of Cur	rent Segistered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere.	Yes No
C	ONNELL, RODNEY H		81 Name	10.	
	5901 ACORN CIRCLE		82 Street	Address (P.O. Box Number is Not Acceptable)	
T	AVARES FL 32778				
			83		
			84 City	F	85 Zip Code
II. Pursua	nt to the provisions of Sections 607.0	0502 and 607.1508, Florida Stat	utes, the above-named		
I1. Pursua office o	nt to the provisions of Sections 607.6 r registered agent, or both, in the St am familiar with, and accept the ob-	0502 and 607.1508, Florida Stat ate of Florida Such change was digations of, Section 607.0505, I	utes, the above-named s authorized by the corp forida Statutes.		
				corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	
GNATURI	Signature, typed or printed name of registered	agent and tale if applicable (N	DTE Registered Agent signature	corporation submits this statement for the purpose poration's board of directors. I hereby accept the appropriate the property of the property	of changing its registered pointment as registered
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14. I hereby certify that the information supplied with this tiling 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 furue 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 for the receiver of trustee exposured to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachmost with an address.

SIGNATURE:

hell D Caril I Aevent Conna

su 4/1/4

(352)233-4346