

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

FILED

May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **695698** (1)

1. Corporation Name  
**STARLAKE KENNEL, INC.**

Principal Place of Business <b>877 WEST 80 PLACE HALEAH FL 33014</b>	Mailing Address <b>877 WEST 80 PLACE HALEAH FL 33014-3575</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/20/1981</b>	3a. Date of Last Report <b>04/29/1996</b>
21		26		4. FEI Number <b>59-2161861</b>	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>HALL, ROBERT NATHAN</b> <b>2004 S.W. 38 CT.</b> <b>OCALA FL 32874</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
		<b>FL</b> 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


Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALLSPEARS, MAGGIE</b>	1.2 NAME	<b>UP</b>
STREET ADDRESS	<b>877 W. 80TH PL.</b>	1.3 STREET ADDRESS	<b>RAUL AGUILERA</b>
CITY- ST- ZIP	<b>HALEAH FL 33014</b>	1.4 CITY- ST- ZIP	<b>3206 HOLLISTER ST</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Stephen OLSON</b>	2.2 NAME	
STREET ADDRESS	<b>1616 Post Rd</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>FAIRFIELD CT 06430</b>	2.4 CITY- ST- ZIP	
TITLE	<b>Tres.</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARRY HENRY</b>	3.2 NAME	
STREET ADDRESS	<b>10143 N.W. 22ND CT.</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI FL 33147</b>	3.4 CITY- ST- ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANCES A. VINCZE</b>	4.2 NAME	
STREET ADDRESS	<b>371 High Ridge DR.</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>B Ridgeport CT 06606</b>	4.4 CITY- ST- ZIP	
TITLE	<b>UP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERRY Whaley</b>	5.2 NAME	
STREET ADDRESS	<b>7225 Beech #A</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>HOUSTON TX 77074</b>	5.4 CITY- ST- ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALBERT SWENSON</b>	6.2 NAME	
STREET ADDRESS	<b>223 STERLING RD</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>TRUMBULL CT 06611</b>	6.4 CITY- ST- ZIP	

14. I do 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.

SIGNATURE:  **MAGGIE HALL SPEARS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 X- 4-23-97 305-556-2019  
 Date Daytime Phone #  
 0120799

CR2E034 (9/96)