

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707075 (8)

1. Corporation Name

MIAMI OBEDIENCE CLUB INC

Principal Place of Business

Mailing Address

TROPICAL PARK
7900 BIRD RD.
MIAMI FL 33172
US12320 SW 102 COURT
MIAMI FL 33176-4871

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1964		3a. Date of Last Report 03/20/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-7125622		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANNA, TRACY
12320 SW 102 COURT
MIAMI FL 33176

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Tracy Hanna* Tracy Hanna President DATE 1/8/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, TRACY	12 NAME	
STREET ADDRESS	12320 SW 102 COURT	13 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33176	14 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	21 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERS, ELIZABETH	22 NAME	Ann Lippert
STREET ADDRESS	549 DESOTO DR.	23 STREET ADDRESS	5840 SW 91 St
CITY - ST - ZIP	MIAMI SPRINGS FL 33166	24 CITY - ST - ZIP	Miami, FL 33156
TITLE	S/D <input checked="" type="checkbox"/> DELETE	31 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGUSON, ELLEN ROWE	32 NAME	Linda Greenfield
STREET ADDRESS	7761 SW 134 AVE.	33 STREET ADDRESS	9155 SW 124 St
CITY - ST - ZIP	MIAMI FL 33183	34 CITY - ST - ZIP	Miami, FL 33176
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHICVARA, CATHERINE	42 NAME	
STREET ADDRESS	8371 SW 35 TERRACE	43 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33155	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, CAROL ANN	52 NAME	
STREET ADDRESS	534 NE 94TH ST.	53 STREET ADDRESS	
CITY - ST - ZIP	MIAMI SHORES FL 33138	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tracy Hanna* Tracy Hanna DATE 1/8/97 (305)251-9668

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0033051

CRZE037 (9/96)