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FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729763 (3) 1. Corporation Name GREAT DANE CLUB OF SOUTH FLORIDA, INC.
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Principal Place of Business 4521 N.E. 15 TERRACE POMPANO BEACH FL 33064-5830 US	Mailing Address 4521 N.E. 15 TERRACE POMPANO BEACH FL 33064-5830 US
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21 2. Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip Country	26 2a. Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified 05/27/1974	3a. Date of Last Report 10/09/1996
4. FEI Number 59-1794478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 ELTOFT, LARRY L 4521 NE 15 TERRACE POMPANO BEACH FL 33064
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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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	RAIFORD, DIANE
STREET ADDRESS	721 N. 72 TERR.
CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	SNEDAKER, PAM
STREET ADDRESS	721 N. 72 TERRACE
CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE	T <input type="checkbox"/> DELETE
NAME	ELTOFT, LARRY L
STREET ADDRESS	4521 NE 15 TERRACE
CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	S <input type="checkbox"/> DELETE
NAME	ELTOFT, SUSAN
STREET ADDRESS	4521 NE 15 TERRACE
CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SPILL, LUCILLE
STREET ADDRESS	1301 SW 127 TERRACE
CITY-ST-ZIP	DAVIE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FAHMIE, GAIL
STREET ADDRESS	5810 SW 120 AVENUE
CITY-ST-ZIP	MIAMI FL 33183

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cathy DeMott
2.3 STREET ADDRESS	2301 Pecan Court
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33062
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Maria Higgins
3.3 STREET ADDRESS	12940 Wilton Road
3.4 CITY-ST-ZIP	North Palm Beach, FL 33408
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gary Gale
4.3 STREET ADDRESS	16737 Mellen Lane
4.4 CITY-ST-ZIP	Jupiter, FL 33478
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nancy Gale
5.3 STREET ADDRESS	16737 Mellen Lane
5.4 CITY-ST-ZIP	Jupiter, FL 33478
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Joyce Landrum
6.3 STREET ADDRESS	2301 Pecan Court
6.4 CITY-ST-ZIP	Pembroke Pines, FL 33062

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: _____

CR2E037 (9/96)