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Jan 28, 1999 8:00am  
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729763

1. Corporation Name

GREAT DANE CLUB OF SOUTH FLORIDA, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/27/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1794478	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELTOFT, LARRY L.  
4521 NE 15 TERRACE  
POMPANO BEACH FL 33064

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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	D	1.1 TITLE	
NAME	RAIFORD, DIANE	1.2 NAME	
STREET ADDRESS	721 N. 72 TERR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	DEMOTT, CATHY	2.2 NAME	
STREET ADDRESS	2301 PECAN CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROOK PINES FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	ELTOFT, LARRY L.	3.2 NAME	
STREET ADDRESS	4521 NE 15 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	ELTOFT, SUSAN	4.2 NAME	
STREET ADDRESS	4521 NE 15 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33064	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WIGGINS, MARIA	5.2 NAME	
STREET ADDRESS	12940 WILTON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH FL 33408	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	GALE, GARY	6.2 NAME	
STREET ADDRESS	16737 MELLE LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33183	6.4 CITY-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ELTOFT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 TREASURER

Date

Daytime Phone #