FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT #

744671

(9)

DADE COUNTY VETERINARY FOUNDATION, INC.

0,002	JOONT VEILTHIN WITTO			<u></u> .		
Principal Place of Business Mailing Address 751 NE 168 ST 751 NE 168 ST NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33:			3162		3. Date Incorporated or Qualified 10/23/1978 4. FEI Number Applied Fo	
Principal Place of Business 2a. Mailing Address 26					59-1911775 Not Applie 5. Certificate of Status Desired \$8.75 Addition. Fee Regulred	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23 Zip	Country	28	7		7. Is this nonprofit corporation a homeowners association? Yes No 8. This corporation owes or has paid the current year Intangible	
24	25 29 30 9. Name and Address of Current Registered Agent			-	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
			8	Name		
BERNSTEIN, LARRY A			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
751 NE 168 ST					1033 (1.0. DOX 140HIDO 10 140t 7000phasio)	
NORTH MIAMI BEACH FL 33162			8	9		
			84	1	FL 85 Zip Code	
SIGNATURE	to the provisions of Sections 617.05 ogistered agont, or both, in the Stat m familiar with, and accept the obligations of the obligation of the state of the st				poration submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as register	eq ered
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\neg
TITLE	SD	DELETE 1.1 TI			Change Ad	dition
NAME	SMITH, PERRY F	1.2 %				
STREET ADDRESS	6464 SW 8TH STREET		1,3 STREE	T ADDRESS		
CITY-ST-ZIP			1,4 CITY-	ST-ZIP		
TITLE			2.1 TITLE		☐ Change ☐ Ado	dition
NAME	BERNSTEIN, LARRY A					
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2. 4 City		Change Ad	Idition
TITLE	D TODD, RONALD	Ottobe	3.1 TITLE 3.2 NAME		L Change L Ad	SHOOL
STREET ADDRESS	12900 SW 87TH AVENUE			T ADDRESS		
CITY-ST-ZIP	AMARINE TO ACCURA		3,4. CITY			
TITLE	PD	DELETE	4.1 TITLE		☐ Change ☐ Adi	dition
NAME			4. 2 NAM	E	•	
STREET ADDRESS	17 17 17 17 11		4.3 STREE	T ADDRESS		
CITY-ST-ZIP	5 A C B B C B C C C C C C C C C C C C C C		4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Ad	dition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		i
CITY OT 710			£ 4.000V	67 7ID		

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.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

LANRY BERNSTEIN 3-16-95

305 652-5372

Change Addition

E037 (10/97)

FILED

Mar 24 1998 8:00am

Secretary of State