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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 # 769219 (7)

1. Corporation Name

BULLDOG CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business 13931 LURAY RD. FT. LAUDERDALE FL 33330-3636 US	Mailing Address 13931 LURAY RD. FT. LAUDERDALE FL 33330-3636 US
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3. Date Incorporated or Qualified 06/27/1983 3a. Date of Last Report 03/18/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2354815 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOOTIN, JOHN VICTOR
13931 LURAY RD.
FT. LAUDERDALE FL 33330

10. Name and Address of New Registered Agent

81 Name Dale Mihalko
82 Street Address (P.O. Box Number is Not Acceptable) 2533 N.E. 35th Drive
83
84 City Ft. Lauderdale FL 85 Zip Code 33308

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]* (Treasurer) 2-597
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	NAME CLARE, HAROLD	STREET ADDRESS 8380 N.W. 7TH STREET	CITY-ST-ZIP PEMBROKE PINES FL 33024	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME YOUNG, DENISE	STREET ADDRESS 13930 LURAY RD	CITY-ST-ZIP FT LAUDERDALE FL	<input type="checkbox"/> DELETE
TITLE T	NAME SOOTIN, JOHN VICTOR	STREET ADDRESS 13931 LURAY RD.	CITY-ST-ZIP FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE
TITLE PD	NAME POLITE, TOM	STREET ADDRESS 19015 SW 89TH AVENUE	CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE
TITLE S	NAME POLITE, CHERYL	STREET ADDRESS 19015 SW 89TH AVENUE	CITY-ST-ZIP MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE D	NAME SOOTIN, ANA	STREET ADDRESS 13931 LURAY ROAD	CITY-ST-ZIP FT. LAUDERDALE FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director	1.2 NAME Sandy Ballesteros	1.3 STREET ADDRESS 5401 S.W. 41st	1.4 CITY-ST-ZIP DAVIE, FL 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE President	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE Treasurer	3.2 NAME Dale Mihalko	3.3 STREET ADDRESS 2533 N.E. 35th Dr.	3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE Director	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE Secretary	5.2 NAME Marla Clare	5.3 STREET ADDRESS 8380 N.W. 7th St.	5.4 CITY-ST-ZIP Pembroke Pines, FL 33024	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Signature]* 1-17-97 (954)-5643690

CR2E037 (9/96)