## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F12404 DOCUMENT #
1. Corporation Name

GERMAN SHORTHAIRED POINTER CLUB OF NORTH FLORIDA



Principal Place o	of Business	Mailing Address			* 1901190 1191 11818 11911 91911 9311		
82 LAKE VIEW OCALA FL 34		82 LAKEVIEW DR. EA OCALA FL 34482	AST				
US		US		3. Date Incorporated or Qualified 12/19/1980		f Last Report 01/1995	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26			59-2713605		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired		\$8.75 Additional Fee Required
Oity & State		City & State			Flection Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	try	8. This corporation has liability for		under s 199.032,
24	25	29	30		Florida Statutes Yes		
	9. Name and Address of Curre	ent Registered Agent		Name	10. Name and Address of New F	registered Aç	jent
	IAAFA! (						
RUELA,			82		Address (P.O. Box Number is Not Acceptable)		
	eview dr., e. Wwood farms		E	33			
	FL 34482			34 City			85 Zip Code
00/12/			1	City		FL	210 Code
familiar with	Kulank	2 Muller	JOSEPI	4   NUE.C.	A TREASURER	-3-/3	~ /6
SIGNATURE			JOSE PL OTE Registered A 13.	4 KUEC gesit signature respore	47	DATE	
SIGNATURE _		ent and title if applicable (N	OTE: Registered A	gent signature respers	d when recent and	DATE ICERS AND L	
SIGNATURE s	S RUELA, JESSIE	ent and total displicable (R	OTE Registered A	gent signature renero	d when recent and	DATE ICERS AND L	DIRECTORS IN 12
SIGNATURE 5	S RUELA, JESSIE 82 LAKE VIEW DR. EAST	ent and total displicable (R	13. 1.1 11. 1.2 NAM 1.3 STR	gent signature receiver.  LE ME ELT ADDRESS	d when recent and	DATE ICERS AND L	DIRECTORS IN 12
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receipt ceating 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 iff 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Weels Joseph Rueun TREASURER 3/12/96 352NAME OF SIGNING OFFICER OR DIRECTOR

Dark Dark Trees 773 - 30/5