

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F24341 (2)

1. Corporation Name

FRITZ KENNELS, INC.

Principal Place of Business

6918 W 4TH AVENUE
HIALEAH FL 33014

Mailing Address

6918 W 4TH AVENUE
HIALEAH FL 33014



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FRITZ, JOHN C.
6918 W 4TH AVENUE
HIALEAH FL 33014

3. Date Incorporated or Qualified

03/31/1981

3a. Date of Last Report

03/13/1995

4. FEI Number

59-2079212

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

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
FRITZ, JOHN
STREET ADDRESS
10950 SW 27 STREET
CITY-STATE-ZIP
DAVIE FL

TITLE ☐ DELETE

NAME
VP
FRITZ, JAMES
STREET ADDRESS
6918 W 4TH AVENUE
CITY-STATE-ZIP
HIALEAH FL

TITLE ☐ DELETE

NAME
S
FLOYD, J J
STREET ADDRESS
14920 FOXHEATH DRIVE
CITY-STATE-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
P
FLOYD, RICHARD
STREET ADDRESS
14920 FOXHEATH DRIVE
CITY-STATE-ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
D
FRITZ, JEFFERY E
STREET ADDRESS
7725 WEST 8TH AVE
CITY-STATE-ZIP
HIALEAH, FL 00000

TITLE ☐ DELETE

NAME
D
FRITZ, JAMES L
STREET ADDRESS
6972 WEST 4TH AVENUE
CITY-STATE-ZIP
HIALEAH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96

City

Daytime Phone #

CR2E034 (12/95)