SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **G77197** **(3)**

1. Corporation Name
IMPERIAL KENNELS, INC.

Principal Place of Business	Mailing Address
615 N.E. 160TH TERRACE N. MIAMI BEACH FL 33162	615 N.E. 160TH TERRACE N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1984
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 RT. 9 - BOX 955
22 Suite, Apt. #, etc.
23 City & State: LIVE OAK, FL
24 Zip: 32060 25 Country

2a. Mailing Address
26 400 DIPLOMAT PKWY
27 Suite, Apt. #, etc.: APT. 707
28 City & State: HALLANDALE, FL.
29 Zip: 33009 30 Country

4. FEI Number: 59-2359992 ☐ 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

GREEN, PEARL A.
615 N.E. 160 TERR
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

61 Name: PEARL A. GREEN
62 Street Address (P.O. Box Number is Not Acceptable): 400 DIPLOMAT PKWY-APT. 707
63
64 City: HALLANDALE, 65 FL Zip Code: 33009

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. AMENDMENTS/ADDITIONS (Effective Date, if any)
TITLE	P	11 TITLE ☑ Change ☐ Addition
NAME	GREEN, LEO L.	12 NAME
STREET ADDRESS	615 N.E. 160 TERR	13 STREET ADDRESS: 400 DIPLOMAT PKWY-APT. 707
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP: HALLANDALE, FL. 33009
TITLE	ST	21 TITLE ☑ Change ☐ Addition
NAME	GREEN, PEARL A.	22 NAME
STREET ADDRESS	615 N.W. 160 TERR	23 STREET ADDRESS: 400 DIPLOMAT PKWY-APT. 707
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP: HALLANDALE, FL. 33009
TITLE		31 TITLE ☐ Change ☐ Addition
NAME		32 NAME
STREET ADDRESS		33 STREET ADDRESS
CITY ST ZIP		34 CITY ST ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

CR2E034 (3/95)

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pearl A. Green 7/31/95 305-455-9979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PEARL A. GREEN

0144400 FP