


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthapt</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # ~~696371~~ (2)  
1. Corporate Name **695371**  
**MOUNTAIN LION OF FT. LAUDERDALE, INC.**

Principal Place of Business		Mailing Address	
%GALE MONTELEONE 717 SE 17TH ST FT. LAUDERDALE, FL 33316		% GALE MONELEONE 717 SE 17TH ST FT. LAUDERDALE, FL 33316	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 717 SE 17TH ST	26 717 SE 17TH ST	4-9-84	5-17-96
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	62-1281995	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 FT LAUDERDALE, FL	28 FT LAUDERDALE, FL	<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24 333316	29 33316	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country	Country		
25 BROWARD	30 BROWARD		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MONTELEONE, GALE P 4900 N. OCEAN BLVD., APT 614 FT LAUDERDALE, FL 33308		81 Name DOROTHY M. KOPPEL	
		82 Street Address (P.O. Box Number is Not Acceptable) 2201 SE 18TH ST., APT 211	
		83	
		84 City FT LAUDERDALE FL	
		85 Zip Code 33316	

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: *Dorothy M. Koppel* (NOTE: Registered Agent signature required when reinstating) DATE: 4-19-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPEL, DOROTHY M	12 NAME	
STREET ADDRESS	717 SE 17TH ST	13 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL 33316	14 CITY - ST - ZIP	
TITLE	D/S/T <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, R. WALTER JR.	22 NAME	
STREET ADDRESS	717 SE 17TH ST	23 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL 33316	24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 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

*Dorothy M. Koppel*  
DOROTHY M. KOPPEL

Date

Daytime Phone #

4-19-97 594-763-8446

CR2E034 (9/96)