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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Montharn Secretary of State

	1995 💘	DIVISION C	F CORPORATIONS	FILEU	
DOCUMENT # G98431 (1) 1. Corporation Name ROBERT FREIS KENNEL, INC.				1995 AUG -4 AN 9:18 SECTION AND SECTION AN	
6433 W 8TH CT. 6433 W 8TH CT.					
C/O ROBERT FREIS C/O ROBERT FREIS HIALEAH FL 33012 HIALEAH FL 33012			DO NOT WRITE IN THIS SPACE.		
		UNITEND LE 22015		3. Date Incorporated or Qualified	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	H 415	26 Suite Ant # etc		59-2426703	Not Applicable \$8.75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired	Fee Required	
City & State)	City & State		6. Election Campalgn Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability to Florida Statutes	
24	9. Name and Address of Cur	rent Registered Agent	[30]	10. Name and Address of New	<u></u>
	0. //0.00		81 Name	Wobert L FREIS	
FREIS, RO			82 Street Add	dress (P.O. Box Number is Not Accepta	
6433 W. 8TH CT.			6	433 W Bth Cou	yet
H!ALEAH I	FL 33012		83		
			84 City	Healenh, EL	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above-named corpo	oration submits this statement for the pr	urpose of changing its registered office
or register	ed agent, or both, in the State of F th, and accept the obligations of, S	lorida. Such change was author	ized by the comoration's bo	ard of directors. Thereby accept the ap	pointment as registered agent. I am
SIGNATURE _					
12,	Signature, typed or printed name of registered a OFFICERS	gent and the 4 applicable. (N AND DIRECTORS	OTE Registered Agent aignature requirements 13,		DATE FICERS AND DIRECTORS IN 12
TITLE	S	THE BILLETONE	1. I TITLE		Change Addition
NAME	FREIS, JEAN M.		12 NAME		
STREET ADDRESS	6433 W. 8 CT.		13 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP		Change Addition
TITLE NAME	FREIS, ROBERT		2 1 TITLE 2.2 NAME		□ change □ vocation
STREET ADDRESS	6433 W. 8 CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL		2.4 CITY - ST - ZIP		
TITLE			3.1 TITLE		Change Addition
HAVAE			3.2 NAME		•
STREET ADDRESS			3.3. STREET ADDRESS		
CITY+ST-ZIP TITLE			3.4 CITY - ST - ZIP 4.1 TITLE		Change Addition
HANE			4.2 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY+S1+ZIP			4.4 CITY - ST - ZIP	<u></u>	
THILE			5 I TITLE		Change Addition
HAME			5 2 NAME		
STREET ADDRESS CHY-ST-7IP	•		53 STREET ADDRESS 54 CHY-ST-ZIP		
TITLE			6 1 Title		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-ST-ZIP		-d-late stella filipar I	B.4 CITY+ST+ZIP	deaths anomalian at the table to all and	O OZIOWA Florido Floridos I fusivos
certify that oath; that	t the information indicated on this c	annual report or supplemental an processor or the receiver or trust	riual report la true and accul lee empowered to execute the	r for the exemption stated in Section 111 rate and that my signature shall have th his report as required by Chapter 607, t	e same logal offect as if made under

SIGNATURE: _<