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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

F	1996		Secretary DIVISION OF CO	of State ORPORATIO	ONS			
DOCU 1. Corporation	JMENT # KOS	3184	(4)					
DIA	L KENNELS OF ALABAM	A, INC.	•					
Principal Plac	De of Business	Mailton And			<del>-</del>	100000000000000000000000000000000000000		
	RD E. HEDSTROM	Mailing Add	ress			a tentratut dat melden tiltet fablici fi	hang magan magan mahan dalahk d	HIBIT BUBIL BUBIL (BA)
601 ST	JOHNS AVE. 1 FL 32177-4643	601 ST.	ard e. Hedstr Johns ave. A FL 32177-4643					
						3. Date incorporated or Qualified	3a. Date of Last F	•
2. Principal F	Place of Business	2a. Mailing A	ddress	<u>-</u>		11/18/1987 4. FEI Number	01/27/	
21 Suite, Apt.	# 610	26				59-2860088	<u></u>	Applied For Not Applicable
22		Suite, Ar	it.#, etc.			5. Certificate of Status Desired	\$8.7	5 Additional
City & Stat	le)	City & St	ato				Fee	Required
<b>23</b> Ζη	Country	<b>28</b> Zip		Country		Election Campaign Financing     Trust Fund Contribution	Adde	May Be d to Fees
24	25	29	30			8. This corporation has liability for in Florida Statutes Yes	ntangible tax under s	199.032
	9. Name and Address of Cu	rrent Registered Age	nt			10. Name and Address of New Ro	egistered Agent	
HEDO	TDOM FOWARD #			81	Name			
601 S	STROM, EDWARD E. ST. JOHNS AVE.			82	Street Add	ress (P.O. Box Number is Not Acceptable	e)	····
	TKA FL 32077			83		,	·	
	11411 6 02077							
				1 1	City		FL 85 Z	p Code
	to the provisions of Sections 607.0 red agent, or both, in the State of Fith, and accept the obligations of, S	Section 607.0505, Flori	ds duulorized by da Statutos	y tne corpor	ration's boai	rd of directors. Thereby accept the appo-	interest and an interest in	ogister ou unice
SIGNATURE.	Survivious typical or printed mainly of registered a	gend and tide if applicable						ragent. I am
12.	OFFICERS	gent and tide if applicable AND DIRECTORS	(NOTE Re	g stered Agent :		d when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE	
12. IDEF	OFFICERS PS	gent and tide if applicable AND DIRECTORS		13.		d when reinstating)	DATE	
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appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR