FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:08

DOCUMENT # **K12898** **(8)**

1. Corporation Name
HOUND EARS CLUB, INC.

Principal Place of Business	Mailing Address
C/O EDWARD N. CLAUGHTON 777 BRICKELL AVE. SUITE 1130 MIAMI FL 33131	C/O EDWARD N. CLAUGHTON 777 BRICKELL AVE. SUITE 1130 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/26/1988**
3a. Date of Last Report: **04/15/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **65-0026240** ☐ 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	10. Name and Address of New Registered Agent
CLAUGHTON, EDWARD N. 777 BRICKELL AVE STE 1130 MIAMI FL 33131-2352	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 _____ 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	CLAUGHTON, EDWARD N.	12 NAME	
STREET ADDRESS	777 BRICKELL AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	CLAUGHTON, LOIS H.	22 NAME	
STREET ADDRESS	777 BRICKELL AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	DVS	31 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, SUZANNE C.	32 NAME	
STREET ADDRESS	777 BRICKELL AVE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	DV	41 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, ROBERT	42 NAME	
STREET ADDRESS	777 BRICKELL AVE	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	DVS	51 TITLE	☐ Change ☐ Addition
NAME	HYATT, CHARLES G.	52 NAME	
STREET ADDRESS	777 BRICKELL AVE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	DTS	61 TITLE	☐ Change ☐ Addition
NAME	CARTER, WILLIAM R.	62 NAME	
STREET ADDRESS	777 BRICKELL AVE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-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)(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: _____ 4/4/95 (704) 963-4551
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0126614 CP