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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K12898

HOUND EARS CLUB, INC.

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90182 011 ***150.00



Principal Place of Business Mailing Address						
C/O EDWARD N. CLAUGHTON C/O EDWARD N. CLAUGH			N			
# · · · · · · · · ·	IVE. SUITE 1130		77 BRICKELL AVE. SUITE 1130			DO NOT WRITE IN THIS SPACE
MIAMI FL 33131 MIAMI FL 33131						3. Date Incorporated or Qualifed
						01/26/1988
						4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address						65-0026240 Not Applicable
21 26 Suite Apt # etc						\$8.75 Additional
Suite, Apt. #, etc.						5. Certificate of Status Desired Fee Required
22 27 City & State City & State						
<u> </u>	⊢ ′	ly & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Zip	Country			8. This corporation owes the current year Intangible	
└	Country 25	<u> </u>	, · ·			Personal Property Tax.
24	9. Name and Address of Current		30	$\overline{}$		10. Name and Address of New Registered Agent
 -	9. Name and Address of Current	Kegisteren Agent		81	Name	10. Numb una plantos of the analysis of the an
CLAUGHTON, EDWARD N.						
777 BRICKELL AVE				82	Street /	Address (P.O. Box Number is Not Acceptable)
STE 1130				83		
	II FL 33131-2352			63		
IAILUA	II FL 33131-2332			84	City	85 Zip Code
				\perp		
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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	DP 11 12 12 12 1	☐ DELETE ·	☐ DELETE · 1.1 TI		ĺ	. Orlange
NAME	CLAUGHTON, EDWARD N.			AMÉ		
STREET ADDRESS	į.		1.3 S	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 C	ITY-S	Γ-ZIP	
TITLE	DS	☐ DELETE	ELETE 2.1 TM			☐ Change ☐ Addition
NAME }	32.00111011, 2010 11.		AME			
STREET ADDRESS	777 BRICKELL AVE 23		2.3 S	TREE	ADDRESS	
CITY-ST-ZIP	MIAMI FL			CITY-S	T-ZIP	
TITLE			3.1 T	TLE		☐ Change ☐ Addition
NAME :	SCHMIDT, SUZANNE C.		3.2 N	3.2 NAME		
STREET ADDRESS	TTT DDIOLETT AVE		3.3 5	3.3 STREET ADDRESS		
CITY-ST-ZIP	14414 C		3.4.0	3.4. C/TY-ST-Z/P		
TITLE			4.1 T			☐ Change ☐ Addition
NAME	[Ti		NAME			
STREET ADDRESS	777 BRICKELL AVE		4.3 S	TREET	ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE	DTS	☐ DELETE	5.1 TITLE			Change Addition
NAME	CARTER, WILLIAM R.		5.2 NAME		1	
STREET ADDRESS	777 BRICKELL AVE		5.3 S	TREET	ADDRESS	
	MIAMI FL		540	ary-s	r-zip	
CITY-ST-ZiP	WILMIN FL	DELETE	6.1 T			☐ Change ☐ Addition
TITLE .	•		- 1	IAME	ļ	
NAME					ADDRESS	
STREET ADDRESS						}
CITY-ST-ZIP			6.4 0	TY-S	- ZIP	

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR