FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N08166 (3)

1. Corporation Name
SOUTH DADE KENNEL CLUB, INC.

Principal Place of Business	Mailing Address
%MARIE THORP 12370 SW 225 ST. GOULDS FL 33170 US	%MARIE THORP 12370 SW 225 ST. GOULDS FL 33170 US

3. Date Incorporated or Qualified: 03/14/1985	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2646708	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THORP, MARIE
12370 SW 225 ST.
GOULDS FL 33170

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	THROCK MORTON, SALLY D		1.2 NAME		
STREET ADDRESS	19810 LENAIRE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	APOLLONY, NICK		2.2 NAME		
STREET ADDRESS	14500 S.W. 280 ST. #42		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL 33032		2.4 CITY-ST-ZIP		
TITLE	CSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THORP, MARIE		3.2 NAME		
STREET ADDRESS	12370 S.W. 225 ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL 33170		3.4 CITY-ST-ZIP		
TITLE	RS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUSHNELL DVM, MAUREEN		4.2 NAME		
STREET ADDRESS	18475 SW 220 ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33170		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRESS, BEVERLY		5.2 NAME		
STREET ADDRESS	9790 SW 107 CT.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ANGEL, FLORELLE		6.2 NAME		
STREET ADDRESS	9800 SW 136 ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Beverly Press Jan. 14, 1996 (305) 538-0423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #