FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 20 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19998 (6)

1. Corporation Name
AMERICAN GREYHOUND COUNCIL, INC.

Principal Place of Business	Mailing Address
1065 N.E. 125 STREET, S-219 NORTH MIAMI FL 33161-2832	1065 N.E. 125 STREET, S-219 NORTH MIAMI FL 33161-2832

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/06/1987
3a. Date of Last Report: 05/23/1994
4. FEI Number: 59-2792132 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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 1065 NE 125th ST.STE 219
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 NORTH MIAMI, FL
24 Zip / 25 Country	29 Zip 33161-5832 / 30 Country USA

9. Name and Address of Current Registered Agent

GUCCIONE, GARY
1065 N.E. 125 STREET, S-219
N. MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name: WINTERS, PATRICK E.
82 Street Address (P.O. Box Number is Not Acceptable): 1065 NE 125th ST. STE 219
83
84 City: NORTH MIAMI **FL** 85 Zip Code: 33161-5832

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] PATRICK E. WINTERS, REG. AGENT, ASST.SEC-TREASURER 4/10-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	CLARK, JOHN	12 NAME	SPITZER, ELLEN W.	
STREET ADDRESS	8132 COLLINS ROAD	13 STREET ADDRESS	320 NW 115th ST.	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	MIAMI SHORES, FL 33168	
TITLE	VPD	21 TITLE	VPD	☒ Change ☐ Addition
NAME	SPITZER, ELLEN W	22 NAME	BROSNAN, DAVID	
STREET ADDRESS	320 NW 115 ST	23 STREET ADDRESS	10 DAY AVENUE	
CITY-ST-ZIP	MIAMI SHORES FL	24 CITY-ST-ZIP	GLOUCESTER, MA 01930	
TITLE	SD B	31 TITLE	SD	☐ Change ☒ Addition
NAME	Ø ROSNAN, DAVID	32 NAME	LUCIANO, DANIEL	
STREET ADDRESS	10 DAY AVE	33 STREET ADDRESS	3801 E. WASHINGTON ST.	
CITY-ST-ZIP	GLOUCESTER MA	34 CITY-ST-ZIP	PHOENIX, AZ85034-0300	
TITLE	TD	41 TITLE	TD	☐ Change ☒ Addition
NAME	FLINT, STAN	42 NAME	ROSCH, BERNARD	
STREET ADDRESS	1000 JOHN ROGERS DR	43 STREET ADDRESS	56 WHATLEY AVENUE	
CITY-ST-ZIP	BIRMINGHAM AL	44 CITY-ST-ZIP	BETHPAGE, LI, NY 11714	
TITLE	TD	51 TITLE	D	☐ Change ☒ Addition
NAME	CLARK, JOHN	52 NAME	KEELAN, KAREN	
STREET ADDRESS	8132 COLLINS ROAD	53 STREET ADDRESS	LATHROP ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	PLAINFIELD, CT 06374	
TITLE	AST	61 TITLE	AST	☐ Change ☒ Addition
NAME	GUCCIONE, GARY	62 NAME	WINTERS, PATRICK E.	
STREET ADDRESS	1065 NE 125 ST #219	63 STREET ADDRESS	1065 NE 125th ST. STE. 219	
CITY-ST-ZIP	NORTH MIAMI FL	64 CITY-ST-ZIP	NORTH MIAMI, FL 33161	

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

SIGNATURE: [signature] PATRICK E. WINTERS 4-10-95 305-893-2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

600387