FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

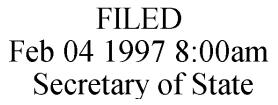
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30758

(9)

OKEECHOBEE COUNTY SHERIFF'S SEARCH AND RESCUE AU XILLARY, INC.

Mailing Address





C/O VINCENT LAMARIANA 9999 NE 120TH STREET OKEECHOBEE FL 34972-5538		9999 NE 120TH STREET	C/O VINCENT LAMARIANA 9999 NE 120TH STREET OKEECHOBEE FL 34972-7470			3. Date Incorporated or Qualified 02/17/1989	3a. Date of La 02/05	ast Report 5/1996	
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number NOT APPLICABLE	<u> </u>	Applied For	
21		26				NOT APPLICABLE		Not Applicable	
Suite, Apt. #		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		75 Additional se Required	
City & State		City & State	<u> </u>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curre	nt Registered Agent		221		10. Name and Address of New Reg	platered Agent		
		·	ļ	81	Name				
LAMARIANA, VINCENT 9999 NE 120TH STREET				82	Street Add	Address (P.O. Box Number is Not Acceptable)			
OKEECH	OBEE FL 34972-5538	8		83					
			Ī	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 _	Signature, typed or printed name of registered as					uired when reinstating)	DAYE		
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFIC		TORS IN 12	
TITLE	D	☐ DELETE	1.1 TrT	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Cha		
NAME	O'CONNOR, MICHAEL G.		1.2 NA	ME					
STREET ADDRESS	1416 HIGHWAY 70 EAST		1.3 ST#	REET AL	DDRESS				
CITY-ST-ZIP	OKEECHOBEE FL		1,4 CIT	Y-ST-	ZIP				
TITLE	D	☐ DELETE	2.1 TIT	LE			Cha	inge 🔲 Addition	
NAME	= 4.4 4.4 5.4 5.4 5.4 5.4 5.4 5.4 5.4 5.4		2.2 NA	ME					
STREET ADDRESS	9999 N.E. 120TH STREET		2.3 STF	REET AI	DDRESS				
CITY-ST-ZIP	OKEECHOBEE FL	T DELEVE	2. 4 CI		-ZIP			***************************************	
TITLE			3.1 TIT				☐ Cha	inge [] Addition	
NAME	ALOT AF ATLLASE		3.2 NAI		-				
STREET ADDRESS	OVEROUODER EL MADA		1		Doress				
CITY-ST-ZIP TITLE			3.4. CIT		-ZIP		[] Ob-		
NAME		CT DECEIG	4.1 T(T) 4. 2 NA			_	☐ Cha	inge [] Addition	
STREET ADDRESS					DODECC	· ^,		ŀ	
CITY-ST-ZIP					DORESS				
TITLE		☐ DELETE	4.4 CIT 5.1 TIT		ZIP		Cha	nge Addition	
NAME			5.2 NA				رے Cila	ING CONTROL	
STREET ADDRESS					DORESS				
CITY-ST-ZIP									
TITLE		DELETE	5.4 CIT 6.1 TIT		eir		Cha	nge Addition	
NAME		band Tarrett	6.2 NA			,	C. Olia	Landinost	
STREET ADDRESS					DORESS			j	
CITY-ST-ZIP					1				
	and the that the information as a file	1 10 11 12 12	6.4 CIT	1-51-	zir 1				

I to nereby 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

SIGNATURE:

-184 Steven D. H. bow