

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31208 (4)
1. Corporation Name
HOOF & HALTER FOUNDATION OF FLORIDA, INC.



Principal Place of Business 14151 S.W. 26 STREET DAVIE FL 33325		Mailing Address 14151 S.W. 26 STREET DAVIE FL 33325	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 28 Suite, Apt. #, etc.	
City & State 23		City & State 28	
Zip 24	Country 26	Zip 29	Country 30
3. Date Incorporated or Qualified 03/15/1989		4. FEI Number 65-0140560	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WARNER, JACK D. 6200 STIRLING ROAD DAVIE FL 33314		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED <input type="checkbox"/> DELETE	1.1 TITLE	ADMINISTRATOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUPOLSKY, JAMES W	1.2 NAME	SCHUPOLSKY, JAMES W
STREET ADDRESS	14151 SW 26 ST.	1.3 STREET ADDRESS	14151 S.W. 26 Street
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	DAVIE, FL 33325-5008
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, CLAUDIA	2.2 NAME	
STREET ADDRESS	1223 OLD CARROLLTON RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOUGLASVILLE GA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, TERRY	3.2 NAME	
STREET ADDRESS	14151 SW 26TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAIMLER, CAROL	4.2 NAME	
STREET ADDRESS	3700 W 6TH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	EXE: DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, YVONNE G. DR	5.2 NAME	MORAN, YVONNE G. DR.
STREET ADDRESS	14151 SW 26 ST	5.3 STREET ADDRESS	14151 SW 26 Street
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	DAVIE, FL 33325-5008
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ 1/1/98 971-452-1679

CR2E037 (10/97)