

FILE NOW: FILING FEE IS \$61.25

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| *NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE |
| | | Katherine Harris Secretary of State DIVISION OF CORPORATIONS |

DOCUMENT # N31208

1. Corporation Name

HOOF & HALTER FOUNDATION OF FLORIDA, INC.

Principal Place of Business

14151 S.W. 26 STREET
DAVE FL 33325

Mailing Address

14151 S.W. 26 STREET
DAVE FL 33325

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | |
|--|---------|---|-----------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 | | 26 | 03/15/1989 |
| Suite, Apt. #, etc. | | 27 | 4. FEI Number |
| 22 | | 27 | 65-0140560 |
| City & State | | 28 | Applied For |
| 23 | | 28 | Not Applicable |
| Zip | Country | Zip | Country |
| 24 | | 29 | |
| 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| <input type="checkbox"/> | | | |
| 6. Election Campaign Financing | | 5.00 May Be Added to Fees | |
| <input type="checkbox"/> | | | |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| WARNER, JACK D. 8200 STIRLING ROAD DAVE FL 33314 | | 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, 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 DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | ED | 1.1 TITLE | |
| NAME | SCHUPOLSKY, JAMES W | 1.2 NAME | |
| STREET ADDRESS | 14151 SW 26 ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAVE FL 33325-5008 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | |
| 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 | 3.1 TITLE | |
| NAME | MORAN, TERRY | 3.2 NAME | |
| STREET ADDRESS | 14151 SW 26TH ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAVE FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | |
| NAME | DAIMLER, CAROL | 4.2 NAME | |
| STREET ADDRESS | 3700 W 6TH LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HALEAH FL | 4.4 CITY-ST-ZIP | |
| TITLE | ED | 5.1 TITLE | |
| NAME | MORAN, YVONNE G. DR | 5.2 NAME | |
| STREET ADDRESS | 14151 SW 26 ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DAVE FL 33325-5008 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

954 422-0251

Daytime Phone #

0035067

CR2E037 (11/98)