

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 # N38376

(2)

1. Corporation Name

ADOPT-A-GREYHOUND, INC.

Principal Place of Business

Mailing Address

% PAUL LEWIN
401 NW 38TH CT
MIAMI FL 33126-5638

% PAUL LEWIN
401 NW 38TH CT
MIAMI FL 33126-5638



3. Date Incorporated or Qualified
05/30/1990

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

65-0211002

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIN, PAUL
401 NW 38TH CT
MIAMI FL 33126

81 Name **HAVENICK, FRED**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **401 NW 38th CT.**

84 City **MIAMI**

FL

85 Zip Code **33126**

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 **HAVENICK, FRED**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **LEWIN, PAUL**
STREET ADDRESS **401 NW 38TH CT**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ DELETE
NAME **HAVENICK, FRED**
STREET ADDRESS **401 NW 38TH CT**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **D** ☐ DELETE
NAME **AMDUR, NEAL**
STREET ADDRESS **401 NW 38TH CT**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **VT** ☐ DELETE
NAME **HUTCHINSON, BILL**
STREET ADDRESS **401 NW 38TH CT**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **S** ☐ DELETE
NAME **TRIPLETT, JACQUES**
STREET ADDRESS **401 NW 38TH CT**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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*****2461.25**

☐ Change ☐ Addition

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 197(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, in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date:

Daytime Phone #

CR2E037 (12/95)