## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N38376**

1. Corporation Name

ADOPT-A-GREYHOUND, INC.

Principal Place of Bu
% PAUL LEWIN
401 NW 38TH CT
MIAMI FL 33126-5638

## FILED Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90166 001 \*1,861.25

Principal Place	e of Business	Mailing Address			Ţ.,		
% PAUL LEWIN 401 NW 38TH MIAMI FL 3312	CT	% PAUL LEWIN 401 NW 38TH CT MIAMI FL 33126-5638					
		2- 10-11-1		·	Date Incorporated or Qualifed	<del></del> -	
	lace of Business	2a. Mailing Address			05/30/1990		
21 . Suite, Apt.	# etc.	Suite, Apt. #, etc.			4. FEI Number	Apr	plied For
22	<i>n</i> , 0.0.	27		65-0211002		t Applicable	
City & Stat	е	City & State		5. Certifcate of Status Desired	\$8.75 A		
23	·	28			3. Certificate of Status Desired	Fee Rec	-
Zip	Country	Zip	Country	′	6. Election Campaign Financing	\$5.00	
24	25	29 30	<u> </u>		Trust Fund Contribution	Added to	) Fees
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registe	neg Whaut	
			"	Ivallie			
HAVENICK			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
401 NW 3			83	-			
MIAM) FL	33126	•			·	70.0	
	•		84	City	·	FL 85 Zip C	.oge
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State or rn familiar with, and accept the obligati	it Florida. Such change was authi	onzea ov	the comoratio	oration submits this statement for the purpor on's board of directors. I hereby accept the a	e of changing its ppointment as reg	registered Jistered
SIGNATURE		ALCOY CO.	-late and Ann	nt signature required	1 when reinstating) DAT	<del></del>	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ur siðusknie tednier	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TMLE	0	☐ DELETE	1.1 TITLE			Change	Addition
NAME	HAVENICK, FRED		1.2 NAME				
STREET ADDRESS	401 NW 38TH CT		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-5	ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	AMDUR, NEAL		2.2 NAME				
STREET ADDRESS	401 NW 38TH CT			TADORESS			
CITY-ST-ZIP	MIAMI FL 33126	( DELETE	2.4 CITY-	ST-ZIP	<del></del>	☐ Change	Addition
TITLE	VI		3.1 TITLE 3.2 NAME	}		□ 2.12.49	
NAME	HUTCHINSON, BILL 401 NW 38TH CT			TADDRESS			,
STREET ADDRESS	f		3.4. CITY-		,		
CITY-ST-ZIP TITLE	MIAMI FL 33126 S	☐ DELETE	4.1 TITLE	- LII		Change	Addition
NAME	TRIPLETT, JACQUES		4, 2 NAME				
STREET ADDRESS	** * *** ***		4.3 STREE	TADORESS			
CITY-ST-ZIP	MIAMI FL 33126		4,4 CITY-S	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS				TADDRESS			-
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		•	Change	☐ Addition
NAME	, 1		6.2 NAME	!			
STREET ADDRESS			6.3 STREE	TADDRESS			<i>,</i> .

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 trusted entrowered 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. CITY-ST-ZIP

SIGNATURE:

305-649-3000