

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90026 022 ****70.00

DOCUMENT # N44366

1. Corporation Name

SOUTH FLORIDA FERRET CLUB AND RESCUE, INC.

Principal Place of Business

19225 SW 93 ROAD
MIAMI FL 33157

Mailing Address

PO BOX 570927
MIAMI FL 33257-0927



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
[1] Suite, Apt. #, etc.		[26] Suite, Apt. #, etc.		07/15/1991	
[2] City & State		[27] City & State		4. FEI Number	
[3] Zip		[28] Zip		65-0340071	
[4] Country		[29] Country		Applied For	
[25]		[30]		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
ESPINET, ANGELA				X \$8.75 Additional Fee Required	
19225 SW 93 ROAD				6. Election Campaign Financing	
MIAMI FL 33157				Trust Fund Contribution	
				[] \$5.00 May Be Added to Fees	
				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

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	PD	1.1 TITLE	
NAME	ANGELA ESPINET	1.2 NAME	
STREET ADDRESS	19225 SW 93RD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	BRAITHEWAITE, KAREN	2.2 NAME	
STREET ADDRESS	12301 SW 120TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	HAMRICK, JERRI	3.2 NAME	
STREET ADDRESS	15902 SW 90TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	JANKE, MICHAEL	4.2 NAME	
STREET ADDRESS	11930 SW 131ST AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PANE, ROBERT DVM	5.2 NAME	
STREET ADDRESS	9501 SW 160TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	LUDET, BARBARA	6.2 NAME	
STREET ADDRESS	4095 SAUNDERS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	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:

Angela Espinet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/02/99

305 251-2152

Date

Daytime Phone #

CR2E037 (5/99)