

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000003058 (5)**

1. Corporation Name

NORTH AMERICAN PET OWNERS ALLIANCE, INC.

Principal Place of Business

Mailing Address

**3395 NW 37TH AVE
LAUDERDALE LAKES FL 33309**

**3395 NW 37TH AVE
LAUDERDALE LAKES FL 33309**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/07/1993

4. FEI Number

65-0423352

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**

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

FACH, RON F CAPT.

3395 NW 37 AVE.

LAUDERDALE LAKES FL 33309

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

TITLE **PTD** ☐ DELETE
NAME **FACH, RON CAPT**
STREET ADDRESS **3395 NW 37TH AVE**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE **SD** ☐ DELETE
NAME **WILLIAMS, CAROLINE**
STREET ADDRESS **14391 SW 20 ST**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **VD** ☐ DELETE
NAME **LEONARD, WILLIAM R**
STREET ADDRESS **633 S ANDREWS AVE #402**
CITY-ST-ZIP **FT LAUDERDALE FL 33301** **ERROR - LEAVE IN**

TITLE **D** ☐ DELETE
NAME **WILLIAMS, HENRY**
STREET ADDRESS **14391 SW 20 ST**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **D** ☐ DELETE
NAME **BROWNE, MAXINE**
STREET ADDRESS **12730 COTTAGE AVE**
CITY-ST-ZIP **CHARLEVOIX MI 48720**

TITLE **D** ☐ DELETE
NAME **WOODFORD, DAN**
STREET ADDRESS **6551 NW 1ST ST**
CITY-ST-ZIP **MARGATE FL 33063**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **JOAN RUSSO**
1.3 STREET ADDRESS **1159 E. TROPICAL WAY**
1.4 CITY-ST-ZIP **PLANTATION, FL. 33317**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **MELINDA WOSKOW**
2.3 STREET ADDRESS **10000 W. BAY HARBOR DR. #525**
2.4 CITY-ST-ZIP **BAY HARBOR ISLES, FL. 33154**

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

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: **CAPT. RON FACH**

Mar. 24/98

CR2E037 (10/97)