

NONPROFIT CORPORATION <b>ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N93000003988</b>			
Corporation Name <b>ANIMAL SHELTER FUND, INC.</b>			
Principal Place of Business 20957 BOCA RIDGE DRIVE WEST BOCA RATON FL 33428		Mailing Address C/O GMM AND COMPANY 34-25 150TH PLACE, 4E FLUSHING NY 11354	

FILED  
 99 SEP 24 PM 1:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 614348-90011-47



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
26		26		08/27/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
27		27		65-0446768	
City & State		City & State		5. Certificate of Status Desired	
28		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
25		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ROSS, AMANDA-JAYNE 20957 BOCA RIDGE DRIVE WEST BOCA RATON FL 33428			B1 Name		
			B2 Street Address (P.O. Box Number is Not Acceptable)		
			B3		
			B4 City		
			FL B5 Zip Code		

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.

GNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when substituting)

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	13.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.1 TITLE	1.1 TITLE	ST	
1.2 NAME	1.2 NAME	Ronald P. Katz	
1.3 STREET ADDRESS	1.3 STREET ADDRESS	4483 Luxemburg Court	
1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP	Lake Worth, Florida 33467	
<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP	
2.1 TITLE	2.1 NAME	Marianthi DiLenge	
2.2 NAME	2.2 STREET ADDRESS	9262 Sable Ridge Circle	
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Boca Raton, Florida 33428	
2.4 CITY-ST-ZIP	3.1 TITLE		
<input checked="" type="checkbox"/> DELETE	3.2 NAME		
3.1 TITLE	3.3 STREET ADDRESS		
3.2 NAME	3.4 CITY-ST-ZIP		
3.3 STREET ADDRESS	4.1 TITLE		
3.4 CITY-ST-ZIP	4.2 NAME		
<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
4.1 TITLE	4.4 CITY-ST-ZIP		
4.2 NAME	5.1 TITLE		
4.3 STREET ADDRESS	5.2 NAME		
4.4 CITY-ST-ZIP	5.3 STREET ADDRESS		
<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
5.1 TITLE	6.1 TITLE		
5.2 NAME	6.2 NAME		
5.3 STREET ADDRESS	6.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	6.1 TITLE		
6.1 TITLE	6.2 NAME		
6.2 NAME	6.3 STREET ADDRESS		
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		
6.4 CITY-ST-ZIP			

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 individuals empowered.

GNATURE: Ronald P. Katz SIGNATURE REQUIRED Sept 8, 1999 561-483-7500  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/98)