


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N94000005323 (0)**

1. Corporation Name

MINIATURE PINSCHER CLUB OF SOUTH FLORIDA, INC.



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| Principal Place of Business 11617 NW 35TH CT CORAL SPRINGS FL 33065 | Mailing Address 11617 NW 35TH CT CORAL SPRINGS FL 33065-7008 |
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|--|--|
| 3. Date Incorporated or Qualified 10/27/1994 | 3a. Date of Last Report 10/15/1996 |
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|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 65-0567860 Applied For <input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARIG, RICHARD L
11617 NW 35TH CT
CORAL SPRINGS FL 33065**

| |
|--|
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARIG, RICHARD L | 1.2 NAME | |
| STREET ADDRESS | 11617 NW 35TH CT | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | 1.4 CITY-ST-ZIP | |
| TITLE | OV <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUTTON, ANN | 2.2 NAME | |
| STREET ADDRESS | 13801 STIRLING RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33330 | 2.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARIG, SUE M | 3.2 NAME | |
| STREET ADDRESS | 11617 NW 35TH CT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | 3.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANGELBELLO, ARMANDO | 4.2 NAME | |
| STREET ADDRESS | 619 SW 17TH ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33315 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUNN, FRED | 5.2 NAME | |
| STREET ADDRESS | RT 1 BOX 277B | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33437 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BISTRIM, VERA H | 6.2 NAME | |
| STREET ADDRESS | 7770 N.W. 50 ST., PH 510 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAUDERHILL FL 33351 | 6.4 CITY-ST-ZIP | |

14. I do 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: **RICHARD L HARIG** *R. Harig*

Jan 6, 1997 954-845-4748

CR2E037 (9/96)