

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am
Secretary of State

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

DOCUMENT # N94000005323 (0)
1. Corporation Name
MINIATURE PINSCHER CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business 11617 NW 35TH CT CORAL SPRINGS FL 33065	Mailing Address 11617 NW 35TH CT CORAL SPRINGS FL 33065
---	---

3. Date Incorporated or Qualified 10/27/1994		
4. FEI Number 65-0567860	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HARIG, RICHARD L	
STREET ADDRESS	11617 NW 35TH CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DUTTON, ANN	
STREET ADDRESS	13801 STIRLING RD	
CITY-ST-ZIP	FT LAUDERDALE FL 33330	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HARIG, SUE M	
STREET ADDRESS	11617 NW 35TH CT	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	ANGELBELLO, ARMANDO	
STREET ADDRESS	619 SW 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33315	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUNN, FRED	
STREET ADDRESS	RT 1 BOX 277B	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISTRIM, VERA H	
STREET ADDRESS	7770 N.W. 50 ST., PH 510	
CITY-ST-ZIP	LAUDERHILL FL 33351	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HATFIELD, MARY ELLEN	
5.3 STREET ADDRESS	6800 Patricia Dr.	
5.4 CITY-ST-ZIP	W. Palm Bch, FL 33413	
6.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: *Rued ZIA* **2-23-98 954-928-3965**

CR2E037 (10/97)