

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90227 003 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000000235

1. Corporation Name

HALO/HELP ANIMALS LIVE ORG, INC.

Principal Place of Business

412 NE 25TH AVE.
POMPANO BEACH, FL

Mailing Address

412 NE 25TH AVE.
POMPANO BEACH, FL
33062

2. Principal Place of Business

21 4015 SW 15TH ST.

Suite, Apt. #, etc.

22 APT. D-103

City & State

23 POMPANO BEACH, FL

Zip

24 33069

Country

25 USA

2a. Mailing Address

26 4015 SW 15TH ST.

Suite, Apt. #, etc.

27 APT. D-103

City & State

28 POMPANO BEACH, FL

Zip

29 33069

Country

30 USA

3. Date Incorporated or Qualified

JAN. 16, 1998

4. FEI Number

65-0807876

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

9. Name and Address of Current Registered Agent

SHERI REDEKER
4015 SW 15TH ST, APT. D-103
POMPANO BEACH, FL 33069

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

TITLE	DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	STEPHEN A. REDEKER	
STREET ADDRESS	4015 SW 15 TH ST, APT D-103	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SHERI REDEKER	
1.3 STREET ADDRESS	4015 SW 15 TH ST, APT D-103	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33069	

2.1 TITLE	JOHN L. KUCEK - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	309 DUEB ST	
2.3 STREET ADDRESS	N. PLAINFIELD, NJ 07060	
2.4 CITY-ST-ZIP		

3.1 TITLE	GEORGE PETERS - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	10 - ESSEX TERR.	
3.3 STREET ADDRESS	WEST ORANGE, NJ 07052	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1999 954/979-1477

Date

Daytime Phone #

CR2E037 (11/98)