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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

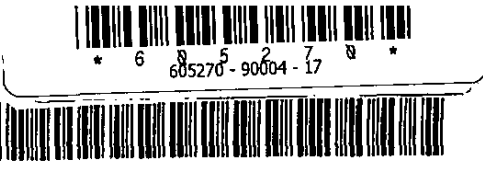


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000004333 ✓

1. Corporation Name
HUMANE SOCIETY OF NORTH AMERICA, INC.

Principal Place of Business 2175 FORSYTH ROAD ORLANDO FL 32807	Mailing Address 2175 FORSYTH ROAD ORLANDO FL 32807
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2. Principal Place of Business 1	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/24/1998
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable
City & State 3	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 4	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent ADKINS, LARRY G 2175 FORSYTH ROAD ORLANDO FL 32807	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
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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 LARRY Adkins Jay Colli DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Veterinarian Hospital Administration	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margie Martinez		1.2 NAME		
STREET ADDRESS	1630 Sankey Cir.		1.3 STREET ADDRESS		
CITY-STATE-ZIP	Oviedo, FL 32765		1.4 CITY-STATE-ZIP		
TITLE	Accountant	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jesus Vinella		2.2 NAME		
STREET ADDRESS	713 Meadowside Ct.		2.3 STREET ADDRESS		
CITY-STATE-ZIP	Orlando, FL 32825		2.4 CITY-STATE-ZIP		
TITLE	Veterinarian	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Larry Adkins		3.2 NAME		
STREET ADDRESS	3501 Foreym Rd.		3.3 STREET ADDRESS		
CITY-STATE-ZIP	Winter Park, FL 32790		3.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-STATE-ZIP			6.4 CITY-STATE-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: LARRY Adkins 407 679 8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)