FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P9300(AST KENNELS INC.	0024436 (6)			18 11
Principal Place of Business Mailing Address				I JORANDEL IND TOTAL SOUND BONN BONN BONN	GOING BIOM ONTH BIEST INITE SIN 1801
15204 COUNTY SPRINGHILL FL		15204 COUNTY LINE RD SPRINGHILL FL 34610-6769			
				3. Date Incorporated or Qualified 03/29/1993	3a. Date of Last Report 08/19/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3170501	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zιp	Country	Zip	Country	8. This corporation has liability for i	
24	25 9. Name and Address of Curre	29 3 ent Registered Agent	1	Florida Statutes 10. Name and Address of New Re	
SIGNATUR	Signation type of or printed names of registerest in	gurit and little applicable (NATE	er Wr legistered Agent signature re		DATÉ
12.	OFFICERS A	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIFFECTORS IN 12
THEE NAME STREET ADDRESS CITY-SE-ZIP	MACMAHON, DAVID 25438 LADY HAWK LN BROOKSVILLE FL 34610		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Pros. Sect The	RELIO
TOLE NAME STREET ADDRESS C/TY+ST-7/P	PS MACMAHON, DAVID 25438 LADY HAWK LN BROOKSVILLE FL 34610	₽ DELETE	21 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SPRING HILLY PL	. 57 G Change
NAME STREET ADORESS CITY STIZE		[] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	nt.	Change Addition
TITLE NAME STREET ADDRESS CITY+ST-7IP		☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS C(TY-ST-ZIF)		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	61 TITLE		Change Addition

14. If do hereby certify that the information supplied with this fring 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name apprais in Ricch 13 or Florida Statutes; and that my name

6.2 NAME 6.3 STREET ADDRESS

1 DT Her

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

813 857-030 C

FILED

Mar 28 1997 8:00am

Secretary of State

Daytime Frione

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