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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027987 (5)

1. Corporation Name

CENTRAL FLORIDA DOBERMAN RESCUE, INC.



Principal Place of Business

Mailing Address

914 ST. CLAIR ST.
M-143
MELBOURNE FL 32935

914 ST. CLAIR ST.
M-143
MELBOURNE FL 32935-5983

2. Principal Place of Business

2a. Mailing Address

21 4770 MEADOWGREEN RD

26 P.O. Box 972

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 MIMS, FL.

27

City & State

City & State

23 32754

28 MIMS, FL.

Zip

Zip

Country

Country

24 25 BREVARD

29 32754 30 BREVARD

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/13/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3175218

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

FRESE, GARY B
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BELLIN-HICKS, LINDA D
STREET ADDRESS 4300 AURORA RD.
CITY-ST-ZIP MELBOURNE FL 32935

TITLE D
NAME HICKS, KEVIN C
STREET ADDRESS 4300 AURORA RD.
CITY-ST-ZIP MELBOURNE FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT
1.2 NAME LINDA BELLIN
1.3 STREET ADDRESS P.O. Box 972 4770 MEADOWGREEN RD
1.4 CITY-ST-ZIP MIMS, FL. 32754

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/97 407-853-6575
Date Daytime Phone #

CR2E034 (9/96)