

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000068333 (0)

1. Corporation Name

OUT-ROVER, INC.



Principal Place of Business

20 N.E. 8TH AVENUE  
FORT LAUDERDALE FL 33301

Mailing Address

20 N.E. 8TH AVENUE  
FORT LAUDERDALE FL 33301

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BARBER, GARY S  
500 E. BROWARD BOULEVARD  
SUITE 1700  
FT. LAUDERDALE FL 33394

81 Name

CLAYTON HEMMERLE

82 Street Address (P.O. Box Number is Not Acceptable)

116 NE 16th Court

83

84 City

Fort Lauderdale,

FL

85 Zip Code  
33305

10. Name and Address of New Registered Agent

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

*Clayton Hemmerle*

Clayton Hemmerle, Pres.

4-2-96

Signature, typed or printed name of registered agent and state, if acceptable

(NOTE: Registered Agent Signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	WHITSON, KENNETH	
STREET ADDRESS	20 N.E. 8TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
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
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	President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Hemmerle, Clayton	
1.3 STREET ADDRESS	116 N.E. 16th Court	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33305	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hemmerle, Sally	
2.3 STREET ADDRESS	116 NE 16th Court	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33305	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Whitson, Kenneth	
3.3 STREET ADDRESS	20 NE 8th Avenue	
3.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
4.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Huizinga, Jean	
4.3 STREET ADDRESS	13 Har Bridge Isles	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Clayton Hemmerle*

CLAYTON HEMMERLE, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96 (954) 763-7271

Date: Daytime Phone #

CR2E034 (12/95)