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Feb 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
2000 NORTH AVENUE  
FORT LAUDERDALE FL 33301

Mailing Address  
2000 NORTH AVENUE  
FORT LAUDERDALE FL 33301-4999

3. Date Incorporated or Qualified 08/24/1995  
3a. Date of Last Report 04/12/1996

2. Principal Place of Business  
21 116 N.E. 16<sup>TH</sup> CT  
Suite, Apt. #, etc.  
22 City & State  
23 Fort Lauderdale Fla  
Zip Country  
24 33305 25 U.S.A.  
2a. Mailing Address  
26 116 N.E. 16<sup>TH</sup> CT  
Suite, Apt. #, etc.  
27 City & State  
28 Fort Lauderdale, Fla  
Zip Country  
29 33305 30 U.S.A.

4. FEI Number 65-0642838  
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  
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
CLAYTON HEMMERLE  
116 NE 16TH COURT  
FORT LAUDERDALE FL 33305

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 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME HEMMERLE, CLAYTON  
STREET ADDRESS 116 NE 16TH COURT  
CITY - ST - ZIP FT. LAUDERDALE FL  
TITLE S  
NAME HEMMERLE, SALLY  
STREET ADDRESS 116 NE 16TH COURT  
CITY - ST - ZIP FT. LAUDERDALE FL  
TITLE T  
NAME WHITSON, KENNETH  
STREET ADDRESS 20 NE 8TH AVENUE  
CITY - ST - ZIP FT. LAUDERDALE FL  
TITLE VP  
NAME HUIZINGA, JEAN  
STREET ADDRESS 13 HAR BRIDGE ISLES  
CITY - ST - ZIP FT. LAUDERDALE FL  
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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
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: Clayton Hemmerle - P+D 1-25-97 (854) 763-7271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)