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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072440 (5)

KENNELS OF VALLEY VIEW, INC.

FILED Apr 28 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | - I ledliddi iis isiii isaii saiii saiii s | | 1 81611 97511 | 4911 1947 |
|---|---|---|--------------------------------|--------------------------------|--|---|-------------------------|--------------------------|
| 3730 LAKE BRITE STREET 3730 LAKE BRITE STREET | | | | | | | | |
| GROVELAND F | L 34/30 | GROVELAND FL 34736 | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | 3. Date Incorporated or Qualified 08/21/1997 | | | |
| 2. Principal Pla | ace of Business | 28. Mailing Address 26 | | | 4. EEI Number 59-3467940 | | | olied For Applicable |
| Suite, Apt. (| #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | <u> </u> | 8.75 A | |
| City & State | | City & State | | 6. Election Campaign Financing | | \$5.00 1 | | |
| 23 | | 28 | Country | | Trust Fund Contribution | <u> </u> | Added to | |
| Zip | Country | 7ip | Country | | This corporation owes or has p Personal Property Tax due Jun | | year Inta es 🔽 | No I |
| 241 | 25 Same and Address of Curren | | 30] | | 10. Name and Address of New R | | | |
| AME | RILAWYER CHARTERED | | 81 | Name A. | 244001 2 | | | |
| 343 ALMERIA AVENUE | | | | Street Addr | ess (P.O. Box Number is Not Accepte | able) | | |
| CORAL GABLES FL 33134 | | | | 373 | 30 LOKE BRITE ST | 1382 | | |
| | | | 83 | | | | | |
| | | | | | OVENNO | FL! | 5 Zip C | 736 |
| office or re | o the provisions of Sections 607.050 agistered agent, or both, in the State in femiliar with, and aggent the obligi | of Horida, Such change was au | Jihorized by t | named corp he corporat | oration submits this statement for the ion's board of directors. I hereby according to the control of the contr | purpose of cha ept the appoint | anging its ment as r | registered registered |
| SIGNATURE | ala S. alluns | - A A | , , | Area | ed whon ≀einstatn g) | 4-22-9 | 8 | |
| | Signature, typed or printed name of registered ago | nt and fille if applicable. (NOTE: | Registered Agent | signature requir | ed when reinstating) ADDITIONS/CHANGES TO OFF | DATE | DECTOR | 2 IN 12 |
| 12. | OFFICERS AN | DELETE DELETE | 13. | T | ADDITIONS/CHANGES TO OFF | | Change | Addition |
| NAME | ABRAMS, CATHERINE J | | 1.2 NAME | | | _ | • | _ |
| STREET ADDRESS | 3730 LAKE BRITE STREET | | 1.3 STREET A | DDRESS | | | | |
| CITY-ST-ZIP | GROVELAND FL 34736 | | 1.4 Cily-ST- | ZIP | | | | |
| TITLE | SID | DELETE | 2.1 TITLE | | | | Change | Addition (|
| NAME | ABRAMS, ALAN S | | 2.2 NAME | | | | | |
| STREET ADDRESS | 3730 LAKE BRITE STREET | | 2.3 STREET ADDRESS | | | * | | |
| CITY-ST-ZIP | GROVELAND FL 34736 | T ocupe | 2 4 CITY-ST | - ZIP | | | Change | Addition |
| TITLE | | ☐ DEL ete | 3 1 TITLE | | | | Change | LI AGUIDON |
| NAME | | | 3.2 NAME 3.3 STREET A | DDDCCC | | | | |
| STREET ADDRESS | | | 3 4. CITY-ST | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 41 TITLE | - 211 | | | Change | Addition |
| NAME | | _ | 4. 2 NAME | | | | - | |
| STREET ADDRESS | | | 4.3 STREET A | DDRESS | | | | |
| CITY-ST-ZIP | | | 4 4 CITY-ST- | | | | | |
| TITLE | | DELETE | 5 1 TITLE | | | | Change | Addition |
| NAME | | | 5 2 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET A | DDRESS | | | | |
| CITY-ST-ZIP | | | 5 4 CITY-S1- | ZIP | | , , , , , , , , , , , , , , , , , , , | | |
| TITLE | | DELETE | 6 1 TITLE | | | Ц | Change | ☐ Addition |
| NAME | | | 62 NAME | | | | | |
| STREET ADDRESS | | | 6.3 STREET A | | | | | |
| CITY-ST-ZIP | add that the information will be | ith thin films doon not small the | 6.4 CITY-ST- | ZIP an etatod in | Section 119.07(3)(i), Florida Statutes. | I further cortife | that the | information |
| Indicated | eruny (riat une imprimation supplied w on this annual report or suppliements | no uns unity toes not quadly lot a populat coport is true and accu | Riginiaxa ana that and that | my sianahi | re shall have the same legal effect as | if made under | path: tha | t 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.

4/22/01

352-265-2046