

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000002340 (6)**

1. Corporation Name
RABBIT RESCUE, INC.



Principal Place of Business 127 NORTH 63RD AVENUE HOLLYWOOD FL 33024-7850	Mailing Address 127 NORTH 63RD AVENUE HOLLYWOOD FL 33024-7850
---	---

3. Date Incorporated or Qualified 05/15/1995	3a. Date of Last Report N/A
--	---------------------------------------

2. Principal Place of Business 21 P. O. Box 452105	2a. Mailing Address 26 P. O. Box 452105	4. FEI Number 65-0578650	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23 Sunrise, Florida	City & State 28 Sunrise, Florida	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24 33345	Country 25 USA	Zip 29 33345	Country 30 USA

9. Name and Address of Current Registered Agent KOI, SANDY 127 NORTH 63RD AVENUE HOLLYWOOD FL 33024-7850	10. Name and Address of New Registered Agent 81 Name Kathryn Williams 82 Street Address (P.O. Box Number is Not Acceptable) 9780 N. W. 25 Street 83 84 City Sunrise FL 85 Zip Code 33322
--	---

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Kathryn C. Williams* **KATHRYN C. WILLIAMS** Executive Director 2/24/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOI, SANDY 127 NORTH 63RD AVENUE HOLLYWOOD FL 33024-7850 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D Kathryn Williams 9780 N.W. 25 Street Sunrise, FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUFFSTALL, SCOTT 127 NORTH 63RD AVENUE HOLLYWOOD FL 33024-7850 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Dana Krempels 6601 S.W. 116 Court, #108 Miami, FL 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, ROBERTA 127 NORTH 63RD AVENUE HOLLYWOOD FL 33024-7850 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Larry House 7200 Plantation Boulevard Miramar, FL 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathryn C. Williams* **KATHRYN C. WILLIAMS** 2/24/96 305-742-2163
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)