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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
P.O. BOX 452105 P.O. BOX 452105
SUNRISE FL 33345 SUNRISE FL 33345-2105
US US

3. Date Incorporated or Qualified 05/15/1995 3a. Date of Last Report 03/15/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0578650 Applied For Not Applicable
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WILLIAMS, KATHRYN
9780 NW 25 STREET
SUNRISE FL 33322

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 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 1/13/97
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 D [] DELETE
NAME WILLIAMS, KATHRYN
STREET ADDRESS 9780 NW 25 STREET
CITY-ST-ZIP SUNRISE FL
TITLE D [] DELETE
NAME KREMPLES, SANA
STREET ADDRESS 6601 SW 116 COURT #108
CITY-ST-ZIP MIAMI FL
TITLE D [] DELETE
NAME HOUSE, LARRY
STREET ADDRESS 7200 PLANTATION BLVD
CITY-ST-ZIP MIRAMAR FL
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [X] Change [] Addition
2.2 NAME KREMPLES, DANA
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] 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 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 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 1/13/97 954-742-2163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037767

CR2E037 (9/96)