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**Feb 27 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 # 825232 (2)
1. Corporation Name
FRISKIES PETCARE COMPANY, INC.



Principal Place of Business Mailing Address
5 HIGH RIDGE PARK STAMFORD CT 06905 US

3. Date Incorporated or Qualified **10/20/1970** 3a. Date of Last Report **04/16/1996**

21	22	23	24	25	26	27	28	29	30	4. FEI Number 04-2385350	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business					2a. Mailing Address					5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
State, Apt #, etc.					Suite, Apt #, etc.					6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State					City & State					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip Country					Zip Country						

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCHULT, ROBERT W 1022 OAK CANYON LN GLENDDORA CA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	1.2 NAME	
STREET ADDRESS	DEVERAUX, N.P. 703 ORANGE GROVE S PASADINA CA	1.3 STREET ADDRESS	
CITY-ST-ZIP	VPT	1.4 CITY-ST-ZIP	
TITLE	MULHERN, JOHN R 5037 LAKEVIEW CANYON WESTLAKE VILLAGE CA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT	2.2 NAME	
STREET ADDRESS	JONES, E SIMON 50 SALEM VIEW DRIVE RIDGEFIELD CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	AT	2.4 CITY-ST-ZIP	
TITLE	SPITZER, ALEXANDER 32 WESTON RD WESTON CT	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AT	3.2 NAME	VP/T
STREET ADDRESS		3.3 STREET ADDRESS	MANFRED LEHMANN
CITY-ST-ZIP		3.4 CITY-ST-ZIP	6 LANDMARK SQUARE STAMFORD, CT 06902
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)