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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:22

DOCUMENT # N04162 (6)

1. Corporation Name

SAVE A PET FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O BERTRAM SHAPERO, ESQUIRE
339 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480-4041
US

C/O BERTRAM SHAPERO, ESQUIRE
339 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480-4041
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1984

3a. Date of Last Report

03/08/1994

4. FEI Number

59-2425726

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 C/O BERTRAM SHAPERO, ESQUIRE
Suite, Apt. #, etc.

26 C/O BERTRAM SHAPERO, ESQUIRE
Suite, Apt. #, etc.

22 224 OATUNA ST, RM 414
City & State

27 224 OATUNA ST, RM 414
City & State

23 WEST PALM BEACH, FL
Zip Country

28 WEST PALM BEACH, FL
Zip Country

24 33401-5632 25 U.S.A.

29 33401-5632 30 USA

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHAPERO, BERTRAM M.
339 ROYAL POINCIANA PL
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

224 OATUNA ST, RM 414

83

84 City

WEST PALM BEACH

FL

85 Zip Code

33401-5632

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MAXWELL, GERTRUDE
STREET ADDRESS 1473 NORTH OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE SD
NAME SANDOVAL, INA
STREET ADDRESS 1412 CREST DRIVE
CITY-ST-ZIP LAKE WORTH FL

1.2 NAME ☐ Change ☐ Addition

TITLE TD
NAME ALLEN, NORMA
STREET ADDRESS 127 PERUVIAN AVE.
CITY-ST-ZIP PALM BEACH FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE GC
NAME BERTRAM, SHAPERO
STREET ADDRESS 339 ROYAL POINCIANA PLAZA
CITY-ST-ZIP PALM BEACH FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gertrude Maxwell Gertrude Maxwell

1/30/95

(407) 832-6660