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Mar 17 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 # N04162 (6)

1. Corporation Name

SAVE A PET FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O BERTRAM SHAPERO, ESQUIRE ~~224 DATURA ST. RM 414~~ ~~WEST PALM BEACH FL 33401-5632~~ ~~US~~	C/O BERTRAM SHAPERO, ESQUIRE ~~224 DATURA ST. RM 414~~ ~~WEST PALM BEACH FL 33401-5692~~ ~~US~~

3. Date Incorporated or Qualified: 07/12/1984
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business
21: 120 OLIVE AVE S.
Suite, Apt. #, etc. 22: 306
City & State 23: WEST PALM BEACH, FL
Zip 24: 33401-5532 Country 25: US

2a. Mailing Address
26: 120 OLIVE AVE S.
Suite, Apt. #, etc. 27: 306
City & State 28: WEST PALM BEACH, FL
Zip 29: 33401-5532 Country 30: US

4. FEI Number: 59-2425726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

SHAPERO, BERTRAM M.
~~224 DATURA ST, RM 414~~
~~WEST PALM BEACH FL 33401~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 120 OLIVE S
83: STE 306
84 City: WEST PALM BEACH **FL** 85 Zip Code: 33401

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: [signature] BERTRAM SHAPERO 1/20/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAXWELL, GERTRUDE		1.2 NAME		
STREET ADDRESS	1473 NORTH OCEAN BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANDOVAL, INA		2.2 NAME		
STREET ADDRESS	1412 CREST DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, NORMA		3.2 NAME		
STREET ADDRESS	127 PERUVIAN AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	GC	☐ DELETE	4.1 TITLE	GC D	☒ Change ☐ Addition
NAME	BERTRAM, SHAPERO		4.2 NAME		
STREET ADDRESS	224 DATURA ST, RM 414		4.3 STREET ADDRESS	120 OLIVE AVE SOUTH, STE 306	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	JANET EAGEN	
STREET ADDRESS			5.3 STREET ADDRESS	3546 S. OCEAN BLVD	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	GENE PRATT	
STREET ADDRESS			6.3 STREET ADDRESS	P.O. BOX 1 (N/A)	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	KENTFIELD, CA 94914	

CR2E037 (9/96)

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: [signature] Shirley H. McNally