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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04162**

1. Corporation Name
SAVE A PET FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O BERTRAM SHAPERO. ESQUIRE 120 OLIVE AVE. S.. #306 WEST PALM BEACH FL 33401-5632 US	C/O BERTRAM SHAPERO. ESQUIRE 120 OLIVE AVE. S.. #306 WEST PALM BEACH FL 33401-5632 US

2. Principal Place of Business (21)	2a. Mailing Address (26)	3. Date Incorporated or Qualifed: 07/12/1984
Suite, Apt. #, etc. (22): # 301	Suite, Apt. #, etc. (27): # 301	4. FEI Number: 59-2425726 ☐ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip (24): 33401-5532 Country (25)	Zip (29): 33401-5532 Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAPERO, BERTRAM M. 120 OLIVE S. STE 306 WEST PALM BEACH FL 33401	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		☒ Change ☐ Addition
NAME	BERTRAM, SHAPERO		4.2 NAME		
STREET ADDRESS	120 OLIVE AVE. S., STE 306		4.3 STREET ADDRESS	120 OLIVE AVE S, STE 301	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JANET EAGEN		5.2 NAME		
STREET ADDRESS	3546 S. OCEAN BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GENE PRATT		6.2 NAME		
STREET ADDRESS	PO BOX 1		6.3 STREET ADDRESS		
CITY-ST-ZIP	KENTFIELD CA		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Bertram Shapero 2/10/99 (561)8326660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #