


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 15 1998 8:00am  
 Secretary of State

0011345

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29990 (1)**  
 1. Corporation Name  
**DOGS AND CATS FOREVER, INC.**



Principal Place of Business 2180 MIDTOWN RD C/O LAURA LINSKOTT PORT ST. LUCIE FL 34952	Mailing Address 2180 MIDTOWN RD C/O LAURA LINSKOTT PORT ST. LUCIE FL 34952
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3. Date Incorporated or Qualified  
**12/30/1988**

4. FEI Number **65-0118134**  
 Applied For  Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 29 Zip 30 Country
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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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**LINSKOTT, LAURA**  
**2180 MIDTOWN RD**  
**PORT ST. LUCIE FL 34952**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS

TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>LINSKOTT, LAURA</b>	
STREET ADDRESS	<b>2180 MIDTOWN ROAD</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>THIBAUT, MURIEL</b>	
STREET ADDRESS	<b>708 ANITA ST</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>YANOK, JOHN</b>	
STREET ADDRESS	<b>1865 SW GASTADOR AVE</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TURE, BARBARA</b>	
STREET ADDRESS	<b>4825 RIVER OAK LANE</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>YATES, BETTY I</b>
4.3 STREET ADDRESS	<b>601 WENOELL RD</b>
4.4 CITY-ST-ZIP	<b>FT PIERCE FL</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Betty I. Yates Date: 5-6-98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRZE037 (5/98)