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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P93000011498 (1)

PROFESSIONAL ANIMAL WORLD, INC.

Principal Place of Business Mailing Address

1546 NORTH U.S. HIGHWAY #1 1546 NORTH U.S. HIGHWAY #1
SEBASTIAN FL 32958 SEBASTIAN FL 32958



					1			
					3. Date Incorporated or Qualified	За.	Date of Last I	•
		- <del></del>			02/15/1993	Т	07/27/	
I. Principal Plai 3	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
1		26			59-0392281			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			00 May Be ed to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for	intangit		~~
i	25	29	30		Florida Statutes  Yes			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	legiste	red Agent	•
				Name	7.77			
HART, MARIA 1546 NORTH U.S. HIGHWAY #1			-	32 Street Addr	ess (P.O. Box Number is Not Acceptab	vlo)		
				Street Addin	ess (r.o. box number is not Acceptat	л <del>о</del> )		
	TIAN FL 32958		ļ.	33				
020.10								
			10	City		1	<b>6</b> 5 2	?ip Code
11. Pursuant to	the provisions of Sections 607 050	2 and 607 1508. Florida Statu	utes the above	e-named cornor	ation submits this statement for the pured of directors. I hereby accept the app			ragistared office
familiar with	h, and accept the obligations of, Sec	tion 607.0505, Florida Statute	es.	rporation's boar	d or directors, i hereby accept the app	Ontme	nt as registere	o agent. I am
ignature <sub></sub>	Stgrieture, typest or por teid hanne of reigistered agen	it and little if applicable (f	NOTE Registered A	gent signature required	d when recistating)	DA	JE	
2.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS	AND DIRECT	ORS IN 12
114	PVST	☐ DELETE	1.1 [1]	LE			Change	Addition
AME	HART, MARIA		1.2 NAN	AE .				
D. C. I. ADD-OLOG	1546 N U.S. HWY. #1							
THEFT ADDRESS	1340 N U.S. TWI. #1		1.3 \$TR	EET ADDRESS				
į.	SEBASTIAN FL 32958			EET ADDRESS 7-ST-ZIP				
DITY-ST-ZIP		DELETE		Y-ST-ZIP		v., <u>L</u>	Change	Addition
HTT - ST - ZIP	SEBASTIAN FL 32958 D	☐ DELETE	1.4 CITY	r-ST-ZIP LF		<del></del>	Change	Addition
DTY-ST-ZIP HILE FAME	SEBASTIAN FL 32958	☐ DELETE	14 CITY 2 1 TITI 22 NAM	Y-ST-ZIP LF ME		<b>v</b>	☐ Change	☐ Addition
DITY - ST : ZIP HILF FAME STREET ADDRESS	SEBASTIAN FL 32958 D HART, MARIA 1546 N U.S. HWY. #1	☐ DELETE	1 4 CITY 2 1 TITI 22 NAM 23 STR	Y-ST-ZIP LF AE FET ADDRESS		<del></del>	☐ Change	Addition
DTY-ST-ZIP HILE PAME STEELL ADDRESS DTY-ST-ZIP	SEBASTIAN FL 32958 D HART, MARIA	DELETE	1 4 CITY 2 1 TITI 22 NAM 23 STR	Y-ST-ZIP LE ME FET ADORESS Y-ST-ZIP			Change	
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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 cath; 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Dete