

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002952 (6)

1. Corporation Name

ANGELIC PET SITTERS, INC.



Principal Place of Business

Change

Mailing Address

~~1411 ONTARIO DRIVE
LAKE WORTH FL 33461~~

~~1411 ONTARIO DRIVE
LAKE WORTH FL 33461~~

*624 Biscayne Dr.
WPB, FL 33401*

*624 Biscayne Dr.
West Palm Beach FL 33401*

2. Principal Place of Business

2a. Mailing Address

21 *624 Biscayne Dr.*

26 *624 Biscayne Dr.*

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 *West Palm Beach, FL*

28 *West Palm Beach, FL*

24 Zip *33401*

25 Country *PB*

29 Zip *33401*

30 Country *PB*

9. Name and Address of Current Registered Agent

**ROY, CHERISSE C
1411 ONTARIO DRIVE
LAKE WORTH FL 33461**

3. Date Incorporated or Qualified

01/11/1995

3a. Date of Last Report

1/11/95

4. FEI Number

65-0546178

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

10. Name and Address of New Registered Agent

81 Name *Judith M. Smith*

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

624 Biscayne Dr.

83

84 City *West Palm Beach FL*

85 Zip Code *33401*

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 officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Judith M. Smith

Signature valid for period of 90 days from date of filing.

Print Name of Registered Agent (Required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **ROY, CHERISSE C**
STREET ADDRESS **1411 ONTARIO DR.**
CITY-ST-ZIP **LAKE WORTH FL 33461**

1.1 TITLE *Treasurer - Vice President* Change Addition
1.2 NAME *Judith M. Smith*
1.3 STREET ADDRESS *624 Biscayne Dr.*
1.4 CITY-ST-ZIP *West Palm Beach, FL 33401*

TITLE DELETE
NAME **SMITH, JUDITH M**
STREET ADDRESS **624 BISCAYNE DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

2.1 TITLE *Vice President - Director* Change Addition
2.2 NAME *Judith M. Smith*
2.3 STREET ADDRESS *624 Biscayne Dr.*
2.4 CITY-ST-ZIP *West Palm Beach, FL 33401*

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 or 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:

Judith M. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith M. Smith
President
4/18/96

407
654-0405
Date of Filing
Date of Phone

CR2E034 (12/95)