

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 30 1997 8:00am
Secretary of State**

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000002952 (6)

1. Corporation Name
ANGELIC PET SITTERS, INC.



| | |
|---|--|
| Principal Place of Business 624 BISCAYNE DR WEST PALM BEACH FL 33401 US | Mailing Address 624 BISCAYNE DR WEST PALM BEACH FL 33401-7804 US |
|---|--|

| | |
|--|---|
| 3. Date Incorporated or Qualified 01/11/1995 | 3a. Date of Last Report 04/24/1996 |
| 4. FEI Number 65-0546178 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

**JUDITH M SMITH
624 BISCAYNE DR
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)
83
84 City **FL** 85 Zip Code

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 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|--------------------------|--|
| TITLE | TVP | <input type="checkbox"/> DELETE |
| NAME | SMITH, JUDITH M | |
| STREET ADDRESS | 624 BISCAYNE BLVD | |
| CITY - ST - ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | SMITH, JUDITH M | |
| STREET ADDRESS | 624 BISCAYNE DR | |
| CITY - ST - ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | JUDITH M. SMITH | <input checked="" type="checkbox"/> DELETE |
| NAME | JUDITH M. SMITH | |
| STREET ADDRESS | 624 BISCAYNE DR. | |
| CITY - ST - ZIP | WEST PALM BEACH FL 33401 | |
| 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 | JOHN T. ROVONI - VP, DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JOHN T. ROVONI - VP, DIRECTOR | |
| 1.3 STREET ADDRESS | 624 BISCAYNE DR. | |
| 1.4 CITY - ST - ZIP | WEST PALM BEACH FL 33401 | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 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 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 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* Date: *April 24, 1997* Daytime Phone #: *501 659-0405*

CR2E034 (9/96)