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**Feb 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000098306 (9)

1. Corporation Name
PET PARADISE, INC.



Principal Place of Business
**681 WILLOW GROVE TERRACE
DAVIE FL 33325**

Mailing Address
**681 WILLOW GROVE TERRACE
DAVIE FL 33325-6391**

3. Date Incorporated or Qualified
12/02/1996

3a. Date of Last Report
none

2. Principal Place of Business
21 **3459 Hiatus Road**

2a. Mailing Address
26 **3459 Hiatus Road**

4. FEI Number
65-0715830

Applied For
 Not Applicable

Suite, Apt #, etc.
22 _____

27 _____

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 **Sunrise, FL**

28 **Sunrise, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 **33351 USA**

29 **33351 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KESSELMAN, ROBERT
681 WILLOW GROVE TERRACE
DAVIE FL 33325**

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 _____ 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSELMAN, ROBERT	1.2 NAME	
STREET ADDRESS	681 WILLOW GROVE TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSELMAN, PATRICIA	2.2 NAME	
STREET ADDRESS	681 WILLOW GROVE TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Robert Kesselman* *Patricia L. Kesselman* **2/4/97** **(954) 747-3446**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0005804

CF2E034 (9/96)