

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

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90073 044 \*\*\*150.00

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PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000005777

1. Corporation Name  
BOYETTE PETSIDE MANOR, INC.



Principal Place of Business  
7402 CAPITANO STREET  
RIVERVIEW FL 33569

Mailing Address  
7402 CAPITANO STREET  
RIVERVIEW FL 33569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

59-3505328

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 owes the current year Intangible  
Personal Property Tax.  Yes  No

2. Principal Place of Business  
21 10931 Boyette Rd.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 12406 Wexford Hills Rd.  
Suite, Apt. #, etc.

23 Riverview, FL  
City & State

28 Riverview, FL  
City & State

24 33569  
Zip Country

29 33569 30 Hillsborough  
Zip Country

9. Name and Address of Current Registered Agent

ENCINOSA, ROBERT H JR.  
7402 CAPITANO STREET  
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name Robert H. Encinosa, JR.  
82 Street Address (P.O. Box Number is Not Acceptable)  
12406 Wexford Hills Rd  
83  
84 City Riverview FL 85 Zip Code 33569

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

*[Signature]*

2/1/99  
DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	ENCINOSA, ROBERT H JR.	
STREET ADDRESS	7402 CAPITANO STREET	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	President	<input checked="" type="checkbox"/>	
1.2 NAME	12406 Wexford Hills Rd.		
1.3 STREET ADDRESS	Riverview, FL 33569		
1.4 CITY-ST-ZIP			
2.1 TITLE	Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Cheryl L. Encinosa		
2.3 STREET ADDRESS	12406 Wexford Hills Rd.		
2.4 CITY-ST-ZIP	Riverview, FL 33569		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl L. Encinosa  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-99 Date  
813-671-1497 Daytime Phone #

CR2E034 (1/1/98)