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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90280 025 ***150.00

1/03/99

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000016570

1. Corporation Name
ELITE PET BOUTIQUE INC.



Principal Place of Business
 542 92ND AVE. N.
 NAPLES FL 34108

Mailing Address
 542 92ND AVE. N.
 NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/19/1998

4. FEI Number
59-349399Z

5. Certificate of Status Desired Applied For Not Applicable **\$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 **1100 6th Ave S**
 Suite, Apt. #, etc.
 22 **#8**
 City & State
 23 **Naples FL**
 Zip Country
 24 **34102** 25 **USA**

2a. Mailing Address
 26 **1100 6th Ave S**
 Suite, Apt. #, etc.
 27 **#8**
 City & State
 28 **Naples FL**
 Zip Country
 29 **34102** 30 **USA**

9. Name and Address of Current Registered Agent
DIANNI, NANCY
542 92ND AVE. N.
NAPLES FL 34108

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 officer 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: Nancy DiIanni (Signature, typed or printed name of registered agent and title if applicable.) (NOT a Registered Agent signature required when reinstating) Nancy DiIanni #123/99 DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **V. President**
 STREET ADDRESS **John DiIanni**
 CITY-ST-ZIP **542 92nd Ave N**
Naples FL 34108

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE Change Addition
 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 119.073(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 a different like empowered.

SIGNATURE: Nancy DiIanni (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Nancy DiIanni 4-23-99 DATE Daytime Phone #

CR2E034 (1/198)