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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90077 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F94000004966

1. Corporation Name
PETELAIN, INCORPORATED

Principal Place of Business
37 JEROME AVE.
BLOOMFIELD CT 06002

Mailing Address
37 JEROME AVE.
BLOOMFIELD CT 06002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/26/1994

4. FEI Number

06-1104487

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

POYNER, ROBERT J JR.
7501 CAROL ST.
LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name **ROBERT L. POYNER, JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
8232 180TH AVENUE NORTH
83 **LOXAHATCHEE, FL 33470**
84 City **LOXAHATCHEE** **FL** 85 Zip Code **33470**

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 SAME REGISTERED AGENT - MIDDLE INITIAL AND ADDRESS WERE INCORRECT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SAVIN, MARVIN S	
STREET ADDRESS	37 JEROME AVE.	
CITY-ST-ZIP	BLOOMFIELD CT 06002	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROSENTHAL, EDWARD F	
STREET ADDRESS	68 SOUTH MAIN ST.	
CITY-ST-ZIP	WEST HARTFORD CT 06107	
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

1.1 TITLE	DIRECTOR/PRESIDENT DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAVIN, JOHN P.	
1.3 STREET ADDRESS	37 JEROME AVENUE	
1.4 CITY-ST-ZIP	BLOOMFIELD, CT 06002	
2.1 TITLE	SECRETARY S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PATRICIA M. RANKIN	
2.3 STREET ADDRESS	37 JEROME AVENUE	
2.4 CITY-ST-ZIP	BLOOMFIELD, CT 06002	
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 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:

Patricia M. Rankin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PATRICIA M. RANKIN

2/19/99
Date

(860) 242-0800

Daytime Phone #

CR2E034 (11/98)