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

PROFIT CORPORATION ANNUAL REPORT

1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

418563

(3)

FILED Mar 19 1998 8:00am Secretary of State

PETFO Principal Place	AD CORP.	Mailing Address			HATA BARA BARA BARA BARA BARA
400 LESUE STREET. #215		•			
HALLANDALE		400 LESLIE ST. #1105 215			
US		HALLANDALE FL 33009		DO NOT WRITE IN THE	S SPACE
		US		 Date Incorporated or Qualified 02/08/1973 	
2. Principal P	ace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		59-1510515	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pald the c	
24	25		[30]	Personal Property Tax due June 30.	Yes No
ļ	9. Name and Address of Curren	i Hegistered Agent	81 Name	10. Name and Address of New Registere	d Agent
KENNETH WOLOSFSKY					
400 LESLIE DR 215 HALLANDALE, FL			82 Street Addr	ress (P.O. Box Number Is Not Acceptable)	
HALLANDALE FL 33009			63		
}			84 City	·	last was out
			1 - 1	F	
l	to the provisions of Sections 607.050; agistered agent, or both, in the State in familiar with, and accept the obligation.	≥ and 607.1508, Florida Statute of Florida. Such change was a stions of, Section 607.0505, Fk	es, the above-named corp authorized by the corporat orida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and trile if applicable (NOT	E: Rogistered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	WOLOFSKY, KENNETH		1.2 NAME		
STREET ADDRESS	400 LESLIE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL 00000		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		CT CHANGE THE MODITION
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIF TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
0111-31-21		DELETE	4.4 (()) 7-() 1-24		Change Addition

14. Thereby 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 yet stee 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 attaching with an address.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

☐ DELETE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

3/13/98

Addition