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Mar 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 715617 (7)

1. Corporation Name

PET AID LEAGUE, INC.

Principal Place of Business

5950 W OAKLAND PARK BLVD
SUITE 102
FT. LAUDERDALE FL 33313
US

Mailing Address

5950 W OAKLAND PARK BLVD
SUITE 102
FT. LAUDERDALE FL 33313-1245
US



3. Date Incorporated or Qualified
11/22/1968

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
23-7043297

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANDERSEN, SHEILA
2618 BARBARA DR
FT. LAUDERDALE FL 33316

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Sheila Andersen*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SOPER, LORRAINE
STREET ADDRESS 2317 S.E. 14TH STREET
CITY-ST-ZIP POMPANO BEACH FL

TITLE VPD ☐ DELETE
NAME SCHLEI, JUDY
STREET ADDRESS 416 FARMINGTON DRIVE
CITY-ST-ZIP PLANTATION FL

TITLE CSD ☐ DELETE
NAME CHERNOFF, GLORIA
STREET ADDRESS 2109 NY. 59 TERRACE
CITY-ST-ZIP LAUDERHILL FL

TITLE D ☐ DELETE
NAME ANDERSON, DEB D V.
STREET ADDRESS 6129A LAUREL LANE
CITY-ST-ZIP TAMARAC FL

TITLE D ☐ DELETE
NAME DAVIS, ELAIN
STREET ADDRESS 1466 GARDEN ROAD
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE T ☐ DELETE
NAME ANDERSON, SHEILA
STREET ADDRESS 2618 BARBARA DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME GOETZ, LISA
1.3 STREET ADDRESS 1008 HIGHLAND MEADOWS DRIVE
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME DAVIS, ELAINE
2.3 STREET ADDRESS 2643 BARBARA DRIVE
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sheila Andersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE REQUIRED SHEILA ANDERSEN

Date

Daytime Phone # 0034968

CR2E037 (9/96)