

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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3. Date Incorporated or Qualified 11/22/1968
4. FEI Number 23-7043297
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 26
Zip 24	Country 25
Zip 29	Country 30

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 _____ (NOTE: Registered Agent signature required when relistening) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SOPER, LORRAINE		1.2 NAME SCHLEI, JUDY.	
STREET ADDRESS 2317 S.E. 14TH STREET		1.3 STREET ADDRESS 416 Farmington Dr.	
CITY-ST-ZIP POMPANO BEACH FL		1.4 CITY-ST-ZIP PLANTATION, FL 33317	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, BLAINE		2.2 NAME	
STREET ADDRESS 2643 BARBARA DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE CSD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHERNOFF, GLORIA		3.2 NAME	
STREET ADDRESS 2109 NY. 59 TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP LAUDERHILL FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, DEB D V.		4.2 NAME	
STREET ADDRESS 6129A LAUREL LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMARAC FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, ELAIN		5.2 NAME	
STREET ADDRESS 1466 GARDEN ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ANDERSON, SHEILA		6.2 NAME	
STREET ADDRESS 2618 BARBARA DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP FORT LAUDERDALE FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (10/97)