

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90118 040 \*\*\*\*70.00

**DOCUMENT # 715617**

1. Corporation Name

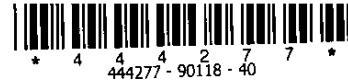
**PET AID LEAGUE, INC.**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

11/22/1968

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

9. Name and Address of Current Registered Agent

ANDERSEN, SHEILA  
2618 BARBARA DR  
FT. LAUDERDALE FL 33316

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 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

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 VPD ☐ DELETE

NAME SCHLEI, JUDY  
STREET ADDRESS 416 FARMINGTON DRIVE  
CITY-ST-ZIP PLANTATION FL 33317

TITLE D ☐ DELETE

NAME DAVIS, BLAINE  
STREET ADDRESS 2643 BARBARA DR.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE CSD ☐ DELETE

NAME CHERNOFF, GLORIA  
STREET ADDRESS 2100 NW 99 TERRACE  
CITY-ST-ZIP LAUDERDALE 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME T  
1.3 STREET ADDRESS SOPER, LORRAINE  
1.4 CITY-ST-ZIP 2317 SE 14 ST.  
POMEROY BEACH, FL 33062

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME D  
2.3 STREET ADDRESS GOETZ, LISA  
2.4 CITY-ST-ZIP 1008 HIGHLAND MEADOWS DR.  
FT. LAUDERDALE, FL 33327

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME CSD  
3.3 STREET ADDRESS CHERNOFF, GLORIA  
3.4 CITY-ST-ZIP 533 MYRTLE DR.  
PLANTATION FL 33317

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D  
4.3 STREET ADDRESS WATCHINSKI, DIANE  
4.4 CITY-ST-ZIP 1600 SW 24 AVE  
FORT LAUDERDALE, FL 33312

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 119.07(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, with a power like empowered.

SIGNATURE:

*Sheila Andersen* SIGNATURE REQUIRED ANDERSEN

4/26/99

954/525-3451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0037379