

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 762433 (1)

1. Corporation Name

PET RESCUE, INC.

Principal Place of Business

Mailing Address

PET RESCUE INC.
3440 N.W. 191 STREET
MIAMI FL 33056
US

2619 HAYES STREET
HOLLYWOOD FL 33020



3. Date Incorporated or Qualified

03/15/1982

3a. Date of Last Report

07/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2167020

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

HARVEY, FLORA J.
2619 HYES ST.
HOLLYWOOD FL 33020

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STERN, MARILYN
STREET ADDRESS 16750 NE 35TH AVE.
CITY - ST - ZIP NORTH MIAMI BEACH FL 33160

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE VD
NAME BRODSKY EDIE
STREET ADDRESS 2310 NE 201ST STREET
CITY - ST - ZIP NORTH MIAMI BEACH FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE D
NAME OWENS, AL (J.R.)
STREET ADDRESS 15251 LAUREL LANE N.
CITY - ST - ZIP PEMBROKE PINES FL 33027

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE RDT
NAME HARVEY, FLORA
STREET ADDRESS 2619 HAYES ST.
CITY - ST - ZIP HOLLYWOOD FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE D
NAME WASCONIS, KATHY
STREET ADDRESS 1636 MCKINLEY ST.
CITY - ST - ZIP HOLLYWOOD FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE D
NAME NOREM, SHERRY
STREET ADDRESS 6521 EAST TROPICAL WAY
CITY - ST - ZIP PLANTATION FL 33317

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

FLORA HARVEY

Flora Harvey

1-24-96

Date

954 921-2306

Daytime Phone #

CR2E037 (12/95)