

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 # 765254 (8)

1. Corporation Name

PROTECT ANIMALS TODAY, INC.



Principal Place of Business

Mailing Address

1573 N.E. 30TH COURT
POMPANO BCH FL 33064

1573 N.E. 30TH COURT
POMPANO BCH FL 33064

3. Date Incorporated or Qualified 10/01/1982
3a. Date of Last Report 03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 3761 N.E. 13th Avenue
Suite, Apt. #, etc.

26 3761 N.E. 13th Avenue
Suite, Apt. #, etc.

4. FEI Number 59-2168084
Applied For Not Applicable

22 Pompano Beach, Fla.
City & State

27 Pompano Beach, Fla.
City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 33064 U.S.A.
Zip Country

28 33064 U.S.A.
Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30

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

HILL, SAM COOPER, ESQ
310 SE 13TH STREET
FT. LAUDERDALE FL 33316

81 Name Rebecca C. Yeatman
82 Street Address (P.O. Box Number is Not Acceptable) 3740 N.E. 13th Avenue
83 Pompano Beach
84 City FL 85 Zip Code 33064

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 Rebecca C. Yeatman

2/4/96

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 | VD | <input type="checkbox"/> DELETE |
| NAME | FACH, JULIE A | |
| STREET ADDRESS | 210 KING STREET | |
| CITY - ST - ZIP | BRIDGEWATER, NOVA SC. | |
| TITLE | TO | <input type="checkbox"/> DELETE |
| NAME | ANSELL, TRUDI | |
| STREET ADDRESS | 1573 NE 30TH COURT | |
| CITY - ST - ZIP | POMPANO BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | JANIS, SUSAN | |
| STREET ADDRESS | 4200 NE 28 AVE | |
| CITY - ST - ZIP | FT LAUDERDALE FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DIEHL, JULIE M | |
| STREET ADDRESS | 3761 NE 13 AVE. | |
| CITY - ST - ZIP | POMPANO BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | S/D Sarah Hoczyk |
| 1.3 STREET ADDRESS | 3730 N.E. 13th Avenue |
| 1.4 CITY - ST - ZIP | Pompano Beach, Fla. 33064 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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: Julie M. Diehl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96 305-785-7324

Date Daytime Phone #

CR2E037 (12/95)