FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

DOCUMENT # F9400003082 (4) 1. Corporation Name											
,.			vith animals, in								
Pr	incipal Place	of Business		Mailing Address		ı Düğü Başılı ül					
P.O. BOX 18153 P.O. BOX 18153											
,	SARASOTA FI	34276		SARASOTA FL 34276	6						
								3. Date Incorporated or Qualified 06/13/1994	3a. D	ate of Last F 03/15/19	Report 995
2.	Principal Pla	·			Mailing Address			4. FEI Number 23-2612411		+ +	Applied For
21	0.7. 1.1.			26				23 20 124 1 1			lot Applicable
22	Suite, Apt. #	F, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
	City & State			City & State				6. Election Campaign Financing			D May Be
23				28				Trust Fund Contribution			to Fees
	<i>7</i> p		Country	Zip	<u> </u>	buntry		8. This corporation has liability for	intangible t	ax under s.	199.032,
24		0 Name	and Address of Curre	29 ant Registered Acent	30			Florida Statutes 10. Name and Address of New F			
-		S. Haille	and Address of Carre	ant negistered Agent		81	Name	To. Hame and Address of them	- Garage	Agont	
	CURTIS.	ALLISON				82	Charact 6	dress (P.O. Box Number is Not Acceptal	ala)		
3009 PAFKO DR.							SHEELY	ndresk (P.O. Box number is Not Acceptar	леј		
SARASOTA FL 34232						83					
						84	City			B5 Zip	Code
									<u> </u>		
1	or registers	ad againt ar	hoth in the State of Flo	wide. Such change was sutho	rized by the	oove-r o corp	named corr oration's b	poration submits this statement for the pur loard of directors. Thereby accept the app	rpose of ch pointment a	anging its re s registered	agistered office agent. I am
l	familiar wit	h, and acce	pt the obligations of, Se	ection 617.0503, Florida Statut	tes.						
SI	IGNATURE _	Signature typed	For ρrinted name of registered ag-	ent and title if applicable	(NOTE Register	ed Ager	d signature req	pired when reinstating	DATE		
1:				ND DIRECTORS	13			ADDITIONS: CHANGES TO OFF	ICERS AN	D DIRECTO	RS IN 12
71	TLE	PD		☐ DELETE	1.1	TITLE				Change	Addition
N/	AMÉ		SAN, CYNTHIA		1.2	NAME	ļ				
1	TREET ADDRESS		EST MECHANIC ST.				ADDRESS				
$\overline{}$	TY-SF-ZIF	VD VD	OPE PA	DELETE	_	CITY-S	11 - ZIP			Change	Addition
	TLE AME		ERLEY, ANNE JILL	Претеле		TITLE				Onlinge	[_] Addition
	REET ADDRESS		ILLAGE GREEN		4		ADDRESS				
	TY-ST ZIP		NGELES CA			4 Cily-:					
	TLE	STD		DELETE		TITLE				Change	Addition
N/	AME	STERN,	, DANIEL		3 2	NAME					
SI	TREET ADDRESS		Ortland St.		33	STREET	ADDRESS				
C	TY-ST-ZIP	SARAS	OTA FL		3.4	CITY-	ST-7IP				
TI	'LE			DELETE	4 1	TITLE				Change	☐ Addit:on
	AME					2 NAME					
1	IREET ADDRESS						ADDRESS				
_	TLE			DELETE		CITY - S	ST - ZIP			☐ Change	Addition
1	AME			Прессис		NAME				Orlange	
	TREET ADDRESS						ADDRESS				
1	ITY-ST-ZIF					CITY-S	1				
-	TLE	•		DELETE		TITLE				Change	Addition
l N	AME				6.2	NAME					
Is	TREET ADDRESS				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.

SIGNITURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR