## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

NON-PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600002662 (2)

APET-PAL, INC.

Principal Place of Business

Mailing Address

## FILED May 20 1997 8:00am Secretary of State



S CHRISTINA CENTRE SOI N. WALNUT ST. WILMINGTON DE 18801		3 CHRISTINA CENTRE 201 N. WALNUT ST. WILMINGTON DE 19801-2920		9 Data Incorporated at Chaliffed	Se Dalo att a	of Popul	
				3. Date Incorporated or Qualified 05/17/1996 3a. Date of Last Report		ы нероп	
2. Principal Place of Business 2a. Mailing Address				C.L.	4. FEI Number		Applied For
	N. Market St.	26 1313 N. M.	arket	3	65-0578278		Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  27 # 3410  27 # 3410					5. Certificate of Status Desired		5 Additional Required
23 W 111				عع	Election Campaign Financing     Trust Fund Contribution		DO May Be ed to Fees
Zip 24 1980	9801-1150 25 1) SA 29 19801-1150 30 L			A	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
	9. Name and Address of Curren				10. Name and Address of New Reg	Istered Agent	
WO	LFE, LARRY		81	Name			
200-A JOHN KNOX ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32303-6643			83				
			84	City		FL 85 7	Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accopt the obliga	2 and 607, 1508, Florida Statutes of Florida. Such change was au ations of, Section 607,0505, Flori	the above thorized by da Statutes	named corp the corporal	poration submits this statement for the pation's board of directors. I hereby accep		g its registered as registered
SIGNATURE	Signature, typod or printed name of registered age	nt and title if applicable (NOTE: I	Registered Age	nt signature requi	red when reinstaling)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	FORS IN 12
TETLE	POC	DELETE	1.1 TITLE			☐ Chan	ge Addition
NAME	GARLITTS, SUSAN S	1.2 N					
STREET ADDRESS	1901 SW 33RD AVE.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33312	14 C/T		- 7IP			
TITLE	VDC	DELETE	21 TITLE			Chan	ge
NAME	DISTEFANO, JAMES L	2.2 NA					
STREET ADDRESS	2620 NW 51ST TERRACE		2.3 STREET	Į.	•		
CITY-ST-ZIP TITLE	MARGATE FL 33063	DELETE	2 4 CITY - S 3.1 TITLE	1 - 2119		Chan	ge Addition
NAME	SHERIDAN, SYLVIA H	3.2 NA				L Chan	So FTI MONITION
street address	A 4 TH 4 T		3.2 NAME 3.3 STREET	ADDRESC			İ
CITY-ST-ZIP	FT LAUDERDALE FL 33312						
TITLE		DELETE	3 4. C/TY - S 4.1 TITLE	1 4.11		☐ Chan	ge Addition
NAME		_	4. 2 NAME		30000219		
STREET ADORESS	<b>.</b>		4.3 STREET	ADDRESS	300002199703 -06/03/9701044022		
CITY-ST-ZIP			4.4 CITY-S		***70.00		
TITLE		☐ DÉLETE	51 TITLE			Chan	ge Addition
NAME			5.2 NAME			/// ~/	/ 1
STREET ADDRESS			5.3 STREET	ADDRESS	4	$\mathscr{H}$	ンメカつ
CITY-ST-ZIP	_	5.4 CIT		r-ZIP	1	1/7	4/11
TITLE		DELETE	6.1 TITLE		I	☐ Chan	ge 🔲 Addilion
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			64 CITY-S	- ZIP			
	by certify that the information supplied	with this filing does not qualify			in Section 119 07(3)(i) Florida Statutes	I further certify t	hat the

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SUSAN SI GARLY 45

Sud A Tite

4/29/91 954-79

954-191-5126