

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90201 021 ****61.25

DOCUMENT # F98000000786

1. Corporation Name

THE PET SAVERS FOUNDATION, INC.

Principal Place of Business

750 PORT WASHINGTON BLVD STE 2
PORT WASHINGTON NY 11050

Mailing Address

750 PORT WASHINGTON BLVD STE 2
PORT WASHINGTON NY 11050



2. Principal Place of Business

21 **45 Page Avenue**

2a. Mailing Address

26 **45 Page Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **Staten Island, NY**

City & State

28 **Staten Island, NY**

Zip

24 **10309**

Country

25 **USA**

Zip

29 **10309**

Country

30 **USA**

3. Date Incorporated or Qualified

02/10/1998

4. FEI Number

11-3131963

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 ☐ DELETE

NAME **CSD LEWYT, ELISABETH**
STREET ADDRESS **750 PORT WASHINGTON BLVD**
CITY-ST-ZIP **PORT WASHINGTON NY**

TITLE ☐ DELETE

NAME **MD STEVENSON, J J**
STREET ADDRESS **750 PORT WASHINGTON BLVD**
CITY-ST-ZIP **PORT WASHINGTON NY**

TITLE ☐ DELETE

NAME **T REPPER, GEORGE**
STREET ADDRESS **750 PORT WASHINGTON BLVD**
CITY-ST-ZIP **PORT WASHINGTON NY**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

45 Page Avenue
Staten Island, NY 10309

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

45 Page Avenue
Staten Island, NY 10309

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

45 Page Avenue
Staten Island, NY 10309

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/99

Date

718 227-1892

Daytime Phone #

CR2E037 (11/98)