

FILE NOW: FILING FEE IS \$61.25

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90201 021 ***61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 <u>45 Page Avenue</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>45 Page Avenue</u> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/10/1998
22	27	4. FEI Number 11-3131963
23 City & State <u>Staten Island, NY</u>	28 City & State <u>Staten Island, NY</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip <u>10309</u> 25 Country <u>USA</u>	29 Zip <u>10309</u> 30 Country <u>USA</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWYT, ELISABETH	1.2 NAME	
STREET ADDRESS	750 PORT WASHINGTON BLVD	1.3 STREET ADDRESS	<u>45 Page Avenue</u>
CITY-ST-ZIP	PORT WASHINGTON NY	1.4 CITY-ST-ZIP	<u>Staten Island, NY 10309</u>
TITLE	MD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENSON, J J	2.2 NAME	
STREET ADDRESS	750 PORT WASHINGTON BLVD	2.3 STREET ADDRESS	<u>45 Page Avenue</u>
CITY-ST-ZIP	PORT WASHINGTON NY	2.4 CITY-ST-ZIP	<u>Staten Island, NY 10309</u>
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPPER, GEORGE	3.2 NAME	
STREET ADDRESS	750 PORT WASHINGTON BLVD	3.3 STREET ADDRESS	<u>45 Page Avenue</u>
CITY-ST-ZIP	PORT WASHINGTON NY	3.4 CITY-ST-ZIP	<u>Staten Island, NY 10309</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Date: 4/8/99 Daytime Phone #: 718 227-1892

CR2E037 (11/98)