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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H73664

(5)

PETSI CORPORATION

Principal Place of Business Mailing Address								
C/O SAUL PASTER 6108 26 ST 2 S2 BRADENTON FL 34207	C/O SAUL PASTER 6108 26 ST 2 S2 BRADENTON FL 34207							,
				3. Date incorporated or Qualified 08/29/1985	3a. Date (eporl	
2. Principal Place of Business	al Place of Business 2a. Mailing Address			4. FEI Number	1	· • • • • • • • • • • • • • • • • • • •	plied For	ĺ
21	26			65-0064865		No	t Applicable	
Sulte, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22	27					Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t		
Zip Country	[28]	Country		8. This corporation has liability for				
24 25	29	30			Yes 11		185.057	
9. Name and Address of Current F		.1571		10. Name and Address of New Re	gistered Age	ent		
PASTER, SAUL		81	Name					
6108 26 ST W		82	Street Addr	fress (P.O. Box Number is Not Acceptable)				
\$2		83						
BRADENTON FL 34207		0.3						
		84	City		FL '	35 Zip (Code	
 Pursuant to the provisions of Sections 607.0502 a office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation 	and 607,1508, Florida Stati f Iorida Such change was ons of, Section 607,0505, f	utes, the above authorized by Torida Statute	e-named corp the corporat s.	poration submits this statement for the place to be accepted as the place of the pl	ourpose of ch pt the appoin	anging it tment as	s registered registered	
SIGNATURE Signature, typed or printed name of registered agent a	and title it applicable (NC	DTL Registered Age	cts gradure reque	red when reinstaling)	DATE			
12. OFFICERS AND I		18.		ADDITIONS/CHANGES TO OFFI				જ્વિ
TITLE PD	DELETE	111111			L.	Change	Addition	(96/6)
NAME ADELSON, RONALD		12 NAME						CR2E034
STREET ADDRESS 3860 MARINERS WAY, SUITE 422 CITY-ST-ZIP BRADENTON FL	•	1.3 STREET						띮
CRY-ST-ZIP BRADENIUN PL	DELETE	14 CHY-5 21 THLE	51 - ZIP			Change	Addition	뚱
NAME		2.2 NAME			L	, onango	LL., House	
STREET ADDRESS		2.3 STREET	ADDRESS					
CITY-ST-ZIP		2. 4 CITY-						
TITLE	☐ DELF1E	3.1 TITLE				Change	Addition	ĺ
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET	ADDRESS					
CITY-ST-ZIP		34 CITY-	ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE			L	Change	Addition	
NAME		4.2 NAME						
STREET ADORESS		4.3 \$1R! £1						
CITY-ST-ZIP	DELETE	4.4 C(TY - 5	S1-2IP			Change	Addition	
TITLE	C) occur	5.1 TITLE			L	j o na ilge	TT Magitian	
NAME OTDEET ADDRESS		5.2 NAME	ADDRESS					
STREET ADDRESS								ļ
CITY-ST-ZIP TITLE	DELLTE	5.4 CHY-5 6.1 THLE	51 · ZW			Change	Addition	
NAME		6.2 NAME			<u></u>	. 3		
STREET ADDRESS			ADDRESS					
CITY-ST-ZIP		6 4 CITY- 5	1				,,	

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 offect as if made under path; 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 ringed, or on an adactment with an address

FILED

May 14 1997 8:00am

Secretary of State