## 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 # J04403

(8)

PET ENTERPRISES, INC.

Principal Place of Business  223 NN 1874 ST  GAINESURE FL 32807  US  2. Principal Place of Business  2. Principal Place of Business									
						3. Date Incorporated or Qualified 03/17/1986	d 3a. Date of Last Report 01/29/1996		
					- a d	4. FEI Number	Applied For		
I Stute Act # etc   Stute Act # etc						52-1671606	\$9.7E A 4.00		Not Applicable
22 GAINESUILLE 27 Glen				Summit		5. Certificate of Status Desired Fee Required			
City & State			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
219 Country 719 229 /8707 -1754  9. Name and Address of Current Registered Agent					Country  Solution  8. This corporation has liability for intangible tax under s.  Florida Statutes Yes No			s. 199.032,	
		of Current Regis	stered Agent		1 Name	10. Name and Address of New Re	gistered Age	int	
ROSENZWEIG, JACK									
223 N.W. 29TH ST. GAINESVILLE FL 32607					2 Street Add	ress (P.O. Box Number is Net Acceptab	le)		
QP(II	HEOTIECE I E DEGO!			ε	3				· · ·
					4 City	/		35 Zip	Code
					City		FL	עיב פונ	C008
agent. I a	Signal ver typi or a princed name of	of the obligations of the obliga	r r applicable (NO	JACK	ROSEN	ation's board of directors. I hereby acceptions bearing the source of th	6, /99 DATE	17	
TITLE	DP OF	ICE NO NIAD DIVE	DELETE	1.1 TITL	<del></del>	ADDITIONS/CHANGES TO OFFIC		Change	
NAME	ROSENZWEIG, JACK			1.2 NAM			<u></u>		
STREET ADDRESS	223 N.W. 29TH ST.			1	ET ADDRESS				
C(TY-ST-ZIP	GAINESVILLE FL			1	-ST-ZIP				
TITLE	DVP	= :			F			Change	Addition
NAME	ROSENZWEIG, HELEI	NE		22 NAM					
STREET ADDRESS	223 N.W. 29TH ST.			1	et address				
CITY - ST - ZIP	GAINESVILLE FL		DELETE		r-St-ZIP			Change	A state
TITLE NAME			□ Derete	31 TITL 32 NAM			L	, unange	Addition
STREET ADDRESS					ET ADDRESS				
CITY-SI-ZIP					r-ST-ZIP				
TITLE	<u> </u>		☐ DELETE	4 1 TITL		Tant V		Change	1.0
NAME				4 2 NA	NE		-		
STREET ADDRESS				4 3 STRI	ET ADDRESS				
CITY-ST-ZIP				4.4 CITY	-ST-ZIP				
TITLE			DELETE	51 TITL	· [			Change	Addition
NAME				52 NAM	E				
STREET ADDRESS				5.3 STBI	ET ADDRESS				
CHY-ST-ZIP			DELETE	1	-ST-ZIP		····	Change	Addition

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

NAME

STREET ADDRESS

CiTY - ST - ZIP

INAURE AND TYPED OR PRINTED NAMES SIGNING OFFICER OR DIRECTOR

JAN 6, 1997 717-384-5555

**FILED** 

Jan 17 1997 8:00am

Secretary of State