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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

**DOCUMENT # J71915** 



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90113 007 \*\*\*150.00

PETCAT.	, INC.								
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Principal Place	e of Business	Mailing /	Address		_	\$ 100 HILL OLD 1000 11010 1010 1	##1 WIN BIWI WI	<b>e</b> ii eten eren er	# FI WINI 1981
267 US HWY 1		267 U.S.	HWY 1	•					
P.O. BOX 127 P. O. BOX 127									
JUPITER FL 33468 JUPITER FL 33468						DO NOT WRI	TE IN THIS	SPACE	
US						3. Date Incorporated or Qualifed			
ĺ						05/08/1987			
2. Principal P	lace of Business	2a. Maili	ng Address		_	4. FEI Number	•		lied For
21 26						59-2818855	<u> </u>		Applicable
Suite, Apt.	#, etc.	Suite	, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A	
22 27								Fee Rec	
City & Stat	te ·	City	& State			6. Election Campaign Financing		\$5.00 h	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	_	_ Count	try	8. This corporation owes the curr	ent year inta		ent.
24	25	29		10		Personal Property Tax.			No
_	9. Name and Address of Curre	nt Registered	Agent		<del></del>	10. Name and Address of New I	Registered /	Agent	
ACT	CANDOD			8	31 Name				
AST, SANDOR					Street Addr	ress (P.O. Box Number is Not Accept	able)		
267 US HWY 1			L			· ·			
TEQUESTA FL 33469			8	33		•			
	•			\ -	34 City			85 Zip C	ode
							FL		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.150	08, Florida Statutes	s, the abo	ove-named corp	oration submits this statement for the on's board of directors. I hereby acce	purpose of	changing its r	registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida, Su ations of, Secti	ch change was aut ion 607.0505. Floric	norized t da Statute	oy the corporations.	on's board of directors. I hereby acce	pt trie appoil	illileill as reg	istered
_		,							
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applica	able. (NOTE: R	Registered A	gent signature require	d when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTOR	เร	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
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STREET ADDRESS	17239 122 NW. DR. N.			1.3 STR	EET ADORESS				
CITY-ST-ZIP	JUPITER FL			1.4 CITY	-ST-ZIP				
TITLE			☐ DELETE	2.1 TITLE					
NAME				2.1 1110	-	<u>.</u>		Change	Addition
STREET ADDRESS	į			2.2 NAM		·		Change	Addition
CITY-ST-ZIP	1			2.2 NAM		· · · · · · · · · · · · · · · · · · ·	,	Change	☐ Addition
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, oyon an attachment with an address, with all other like empowered.

SIGNATURE:

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561-575-2656