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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

SIGNATURE:

K08611

(1)

PET POURRI SITTER SERVICE, INC.

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|---|---|-------------------------------------|--|--|---|--------------------------------|--|
| Principal Place of Business Mailing Address | | | | | | | |
| 5448 3RD STREET 5448 3RD ST ST. AUGUSTINE FL 32084 ST. AUGUSTI | | | 'reet Ine Fl 32084 | | | | |
| | | | | | 3. Date Incorporated or Qualified | 3a. Date o | f Last Report |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 12/22/1987 4. FEI Number | 0 | 5/01/1995 |
| Suite, Apt. #. etc. | | 26 | | | 59-2861890 | | Applied For |
| | | Suite, Apt. #, etc. 27 Crty & State | | | | Not Applicable | |
| City & State | | | | | | \$8.75 Additional Fee Required | |
| 23 | | 28 | | | 6. Election Campaign Financing | [] | \$5.00 May Be |
| Zφ | Country | Z _I p | Cour | atn/ | Trust Fund Contribution | | Added to Fees |
| 24 | 25 | 29 | 30 | ni y | 8. This corporation has liability for in Florida Statutes Yes | ntangible tax ∟ □ No | inder's 199.032, |
| · · · · · · · · · · · · · · · · · · · | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New R | | oni |
| DOOF | AIDEOL ALLA | | | 81 Name | | ogistered Ag | ent |
| ROSENBECK, SUSAN 5448 3RD STREET | | | 82 Street Addre | | ess (P.O. Box Number is Not Acceptabl | | |
| | UGUSTINE FL 32084 | | ļ | 1 | | (e) | |
| 91. A | DOUSTINE PE 32084 | | | B3 | | | |
| | | | 1 | B4 City | | Т. | el a o |
| 11. Pursuant t | to the provisions of Sections 607,0502 | and 607 1508. Florida Statut | too the abo | <u> </u> | | | 35 Zip Code |
| or register familiar wit | ed agent, or both, in the State of Floric th, and accept the obligations of, Secti | da. Such change was authoriz | zed by the co | e-named corpora prporation's board | ation submits this statement for the purp d of directors, I hereby accept the appo | ose of changi | ng its registered offici |
| SIGNATURE | , The Tongardon of Occur | o reor.0505, Florida Statutes | S. | | ине арро | monent as reg | istered agent. I am |
| | Signature, typed or printed name of registered agent | eno fite il applicable (NO | DTL: Registered A | gent signature required | | | |
| 12. | OFFICERS AND | DIRECTORS | 13. | so i agratore recorega | ADDITIONS/CHANGES TO OFFIC | DATE DETECTAND DIE | |
| | D | ☐ DELETE | 1. 1 THTL | E | THE THE CHANGES TO OFFIC | PERS AND DIF | |
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| | MURZYNSKY, KIM | | 1.2 NAM | £ | | □ c | hange |
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DELLEUK STED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 471-6535