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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # K70203

(0)

1. Corporation Name  
PET SAFARI, INC.

Principal Place of Business  
1749 MAIN ST.  
DUNEDIN FL 34698-6402

Mailing Address  
1749 MAIN ST.  
DUNEDIN FL 34698-6402



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/01/1989		3a. Date of Last Report 03/11/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2962836		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHULER, STEVE 439 HARBOR DR. S. INDIAN ROCKS BEACH FL 34835				81 Name Schuler, Steve 82 Street Address (P.O. Box Number is Not Acceptable) 1381 Chesterfield Dr 83 84 City Clw. FL 85 Zip Code 34616			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SCHULER, STEVE	1.1 TITLE	Same
NAME	SCHULER, STEVE	1.2 NAME	
STREET ADDRESS	439 SOUTH HARBOR DR.	1.3 STREET ADDRESS	1381 Chesterfield Dr
CITY-ST-ZIP	INDIAN ROCKS FL	1.4 CITY-ST-ZIP	clw. FL 34616
TITLE	D LIPKI, LARRY E	2.1 TITLE	
NAME	LIPKI, LARRY E	2.2 NAME	
STREET ADDRESS	1357 BOYLAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Steve Schuler Steve Schuler 3-11-97 813-733-6641

CR2E034 (9/96)