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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K70203

Corporation Name

PET SAFARI, INC.

Principal Place	of Rusiness	Mailing Address				
	OI BUSINESS	1749 MAIN ST.			}	
1749 MAIN ST. DUNEDIN FL 34698-6402		DUNEDIN FL 34698-6402			DO NOT WRITE IN THIS SPACE	
DUNEDIN FL 346	30-0402				3. Date Incorporated or Qualifed	
						ł
	•	•		· <u>·</u>	03/01/1989 Applied Fo	
		2a. Mailing Address			4. FEI Idamson	
2. Principal Pla	ce of Business	-			59-2962836 Not Applica	
21	· · ·	26			\$8.75 Additions	¹
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required	
22		27		مات المستورس المويد	6. Election Campaign Financing \$5.00 May Be	_
City & State		-City & State	-		Trust Fund Contribution Added to Fees	1
		28			Trust Fullid Contribution	7
23	Country	Zip	Count	ry	8. This corporation owes the current year Intangible	Ì
Zip	25		30		Personal Fluberty Tax	
24	9. Name and Address of Curre				10. Name and Address of New Registered Agent	
	9. Name and Address of Curre	it Registered Figure	1	Name	·	
00111		a, al	L		in C. D. Number in Not Acceptable)	
SCHI	ULER, STEVE] {	32 Street Addr	ress (P.O. Box Number is Not Acceptable)	1995
1381 CHESTERFIELD DR			1			
CLEARWATER FL 34616			-	83	一一人之一。 医生活菌 國發起 植物有种黄斑 斯拉斯	. (5.4)
			H	84 City	85 Zip Code	
\			. !	64 City	FL **	
	·		no tho ab	ove-pamed corr	poration submits this statement for the purpose of changing its register ion's board of directors. I hereby accept the appointment as registere	rea
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	uthorized	by the corporati	ion's board of directors. I hereby accept the appointment as registero	" i
office or re	egistered agent, or both, in the Stat m familiar with, and accept the obli	nations of Section 607.0505, Flor	rida Statu	tes.	poration submits this statement for the purpose of changing its registere ion's board of directors. I hereby accept the appointment as registere	
agent. I a	m familiar with, and accept the con-	3-				-
SIGNATURE	Signature, typed or printed name of registered a	cent and title if applicable. (NOTE:	: Registered /	Agent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
	Signature, typed or printed harrie or regulated	AND DIRECTORS	13.			12 I
12.		DELETE	1.1 111	-		12 Addition
TITLE	D			ᄩ		12 Addition
NAME	SCHULER, STEVE				State of the state	12 Addition
STREET ADDRESS	1381 CHESTFIELD DRIVE		1.2 NA	ME	State of the state	Addition
			1.2 NA		State of the state	Addition
			1.2 NA 1.3 ST	ME		Addition Addition
CITY-ST-ZIP	CLEARWATER FL	☐ DELETE	1.2 NA 1.3 ST	MÉ REET ADDRESS IY-ST-ZIP		dalilon
CITY-ST-ZIP TITLE	CLEARWATER FL D	☐ DELETE	1.2 NA 1.3 STI 1.4 CII	ME REET ADDRESS Y-ST-ZIP		dalilon
	CLEARWATER FL D LIPKI, LARRY E	☐ DELETE	1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA	ME REET ADDRESS Y-ST-ZIP ILE		dalilon
TITLE	CLEARWATER FL D LIPKI, LARRY E 1357 BOYLAN AVE	☐ DELETE	1.2 NA 1.3 STI 1.4 CI 2.1 TII 2.2 NA 2.3 ST	MÉ REET ADDRESS (Y-ST-ZIP LE LE LE REET ADDRESS	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS	CLEARWATER FL D LIPKI, LARRY E 1357 BOYLAN AVE	<u> </u>	1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 2.4 C	ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TTY-ST-ZIP	☐ Change ☐	dalilon
TITLE NAME STREET ADDRESS _CITY-ST-ZIP	CLEARWATER FL D LIPKI, LARRY E 1357 BOYLAN AVE CLEARWATER FL	☐ DELETE	1.2 NA 1.3 STI 1.4 CI 2.1 TII 2.2 NA 2.3 ST	ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TTY-ST-ZIP	☐ Change ☐	Addition
TITLE NAME STREET ADDRESSCITY-ST-ZIP TITLE	CLEARWATER FL D LIPKI, LARRY E 1357 BOYLAN AVE	<u> </u>	1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 STI 2.4 C	ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP:	☐ Change ☐	Addition
TITLE NAME STREET ADDRESSCITY-ST-ZIP	CLEARWATER FL D LIPKI, LARRY E 1357 BOYLAN AVE CLEARWATER FL	<u> </u>	1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 C 3.1 TII 3.2 N	ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TTY-ST-ZIP- TLE	☐ Change ☐	Addition
TITLE NAME STREET ADDRESSCITY-ST-ZIP TITLE	CLEARWATER FL D LIPKI, LARRY E 1357 BOYLAN AVE CLEARWATER FL	<u> </u>	1.2 NA 1.3 STI 1.4 CII 2.1 TII 2.2 NA 2.3 ST 2.4 C 3.1 TII 3.2 NV 3.3 ST	ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TTY-ST-ZIP LE AME REET ADDRESS	Change Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS	CLEARWATER FL D LIPKI, LARRY E 1357 BOYLAN AVE CLEARWATER FL	DELETE	1.2 NA 1.3 STI 1.4 CO 2.1 TII 2.2 NA 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 C	ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TTY-ST-ZIP LE AME REET ADDRESS TRY-ST-ZIP TREET ADDRESS	☐ Change ☐	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLEARWATER FL D LIPKI, LARRY E 1357 BOYLAN AVE CLEARWATER FL	<u> </u>	1.2 NA 1.3 STI 1.4 CP 2.1 TTI 2.2 NA 2.3 ST 2.4 C 3.1 TTI 3.2 NV 3.3 S' 3.4 C 4.1 TI	ME REET ADDRESS ITY-ST-ZIP LE LIME REET ADDRESS ITY-ST-ZIP LE AME IREET ADDRESS ITY-ST-ZIP LE AME IREET ADDRESS LITY-ST-ZIP LE	Change Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP. TITLE STREET ADDRESS CITY-ST-ZIP TITLE	CLEARWATER FL D LIPKI, LARRY E 1357 BOYLAN AVE CLEARWATER FL	DELETE	1.2 NA 1.3 STI 1.4 CP 2.1 TTI 2.2 NA 2.3 ST 2.4 C 3.1 TTI 3.2 NV 3.3 S' 3.4 C 4.1 TI	ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TTY-ST-ZIP LE AME REET ADDRESS TRY-ST-ZIP TREET ADDRESS	Change 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 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 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 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 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 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 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 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 indicated on this annual report or supplemental annual report or supplemental annual report of the corporation of the cor

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90039 027 ***150.00

Change Addition