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PROFIT CORPORATION ANNUAL REPORT



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

1996

K99917

(2)

DOCUMENT #
1. Corporation Name
STC PETS, INC.

Principal Place of Business

Mailing Address

% DAVID RAFAEL 2164 S UNIVERSITY DAVIE FL 33324 % DAVID RAFAEL 2164 S UNIVERSITY DAVIE FL 33324



Daytime Phone #

			DAVIE FL 33324						
						 Date Incorporated or Qualified 07/05/1989 	3a. Date	of Last 18/15/19	
2. Principal Pl	ace of Busine	ess	2a. Mailing Address			4. FEI Number			Applied For
21	41 -4-		26			65-0135805			Not Applicable
Suite, Apt.			Suite, Apt. #, etc 27			5. Certificate of Status Desired			5 Additional Required
City & State	City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
Zip 24	Country Zip 25 29			30 Co.	untry	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
	g, Name	and Address of Cu	rrent Registered Agent			10. Name and Address of New		lgent	
RAFAFI	חואמח				81 Name			<u></u>	
RAFAEL, DAVID 2164 S. UNIVERSITY					82 Street Address (P.O. Box Number is Not Acceptable)				
DAVIE F	L 33324				83			-	
~ 	<u></u>				84 City	pration submits this statement for the pr	FL	1 1	Zip Code
SIGNATURE	n, and accep	t the obligations of, S	section bur upop, Florida Statt	леѕ.	Agent signature requir	ard of directors. Thereby accept the ap	DATE	egistera	o agent. ram
12.			AND DIRECTORS	13.	Spirit agratore regul	ADDITIONS/CHANGES TO OF		DIDECT	ODC IN 10
TITLF	D		☐ DELETE	1. 1 T	ITLE	ABBITIONS OF IANGES TO OF		1 Change	
		DAMAD							L. Hoomon
NAME	RAFAEL	, DAVID		1.2 NA	AME		-		
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STREET ADDRESS CITY-ST-7IP TITLE NAME	2164 S	University	☐ DELETE	1.3 ST 1.4 CI 2 1 TI 22 NA	REET ADORESS TY-ST-ZIP TLE			Change	Addition
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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 of panged, or on an appears with an address.

SIGNATURE:

P SIEMING OFFICER OR DIRECTOR Date