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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

Principa Place of Business

% JOHN KOHRS

13614 W SR 84 DAVIE FL 33325



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L77629

(8)

Mailing Address

Mailing Address

13614 W SR 84

DAVIE FL 33325-5301

2a. Mailing Address

PETS U.S.A. NO. II OF SHENANDOAH, INC.

65-0246792 21 Not Applicable 26 Suite, Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country $Z_{i}p$ This corporation has liability for intaggible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KOHRS, JOHN 13614 W SR 84 82 Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33325** 83 64 City 85 Zip Code 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 Signature, two discipnished name of regil sitious ages, and the diapplication (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE KOHRS, JOHN 1.2 NAME CR2E034 NAME 13614 W SR 84 STREET ADORESS 1.3 STREET ADDRESS DAVIE FL 1.4 CITY-ST-ZIP CITY-S1-ZIE Addition STD DELETE Change 2.1 TITLE TITLE KOHRS, MARCY 2.2 NAME NAME 13614 W SR 84 STREET ADDRESS 2.3 STREET ADDRESS DAVIE FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-ST-ZIP 3.4 CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 64 CITY-ST-ZIP DITY - ST - ZIP 14. Loo 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 ghanged, or on availanchment with an address.

Jan 15 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For

01/22/1996



3. Date Incorporated or Qualified

06/01/1990

4. FEI Number