

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L91139** (0)

1. Corporation Name  
**PET TRUST, INC.**



Principal Place of Business

Mailing Address

**1922 N 28TH AVE  
HOLLYWOOD FL 33020**

**1922 N 28TH AVE  
HOLLYWOOD FL 33020**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DECKER, SUSAN JANET  
1922 N 28TH AVE  
HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified

**07/30/1990**

3a. Date of Last Report

**05/01/1995**

4. FET Number

**59-3026479**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

**4/28/96**

Signature typed or printed name of registered agent or director

(P2) If Registered Agent, Signatures of all officers and directors

Date

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS  | CITY-ST-ZIP  | DELETE                   |
|-------|---------------------|-----------------|--------------|--------------------------|
| D     | DECKER, SUSAN JANET | 1922 N 28TH AVE | HOLLYWOOD FL | <input type="checkbox"/> |
| PST   | DECKER, SUSAN JANET | 1922 N 28TH AVE | HOLLYWOOD FL | <input type="checkbox"/> |
|       |                     |                 |              | <input type="checkbox"/> |
|       |                     |                 |              | <input type="checkbox"/> |
|       |                     |                 |              | <input type="checkbox"/> |
|       |                     |                 |              | <input type="checkbox"/> |
|       |                     |                 |              | <input type="checkbox"/> |
|       |                     |                 |              | <input type="checkbox"/> |
|       |                     |                 |              | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE                   | Change                   | Addition                 |
|-------|------|----------------|-------------|--------------------------|--------------------------|--------------------------|
| 1     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9     |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20    |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/96 (754) 922-6150**  
Date Time Phone #

CR2E034 (12/95)