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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L94425

(0)

PET CAR, INC.

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Dringingi	Dingo of	Business
	riace or	DUSINOSS

2. Principal Place of Business

1532 US 41 BY-PASS SO % MAIL BOXES ETC VENICE FL 34293

第二十一年 三十五年

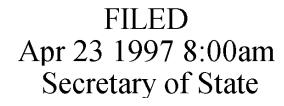
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Mailing Address

1532 US 41 BY-PASS SO % MAIL BOXES ETC VENICE FL 34293-1032

2a. Mailing Address

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3a. Date of Last Report

Applied For

Not Applicable

04/17/1996

3. Date Incorporated or Qualified

08/20/1990

65-0213509

4. FEI Number

22	w, 610.	27		5. Certificate of Status Desired Fee Required	
City & State	Θ	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30	Florida Statutes Yes XX No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
PRETSCHNER, ROBERT M. 1800 SECOND STREET SUITE 803			81 Na 82 Str	Pretschner, Robert M. eet Address (P.O. Box Number is Not Acceptable) 22 S. Tuttle Avenue	
	ASOTA FL 34236		83		
			84 Cit	Suite 4	
			<b>84</b> Cit	Sarasota FL 85 Zip Code 34237	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statut	es, the above-nar	ned corporation submits this statement for the purpose of changing its registered	
office or r	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was lions of, Section 607,0505. Fl	authorized by the orida Statutes.	corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	, , , , , , , , , , , , , , , , , , , ,				
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOT	E.: Registered Agent sign	valure required when re-restating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELFTE	1.1 TITLE	Nice President XX Change □ Addition	
NAME	BROPHY, PETER A.		1.2 NAME	Brophy, Peter A.	
STREET ADDRESS	8419 CYPRESS HOLLOW DR.		1.3 STREET ADOR		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY - ST - ZIP	Venice FL 34293	
TITLE	D	☐ DELETE	2.1 TALE		
NAME	BROPHY, CAROL D.		2.2 NAME	President XXI Change Li Addition (	
STREET ADDRESS	8419 CYPRESS HOLLOW DR.		23 STREET ADDR		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRE	ess	
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	Change Addition	
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDR	rss	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ OELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDR	ISS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDR	ESS	
CITY-S1-ZIP		A	6.4 CITY - \$1 - 7IP		
14. I do hereby certify that the information supplied with this filling 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 path; 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.					
CIONATURE: (01) A (2008) W Corel D. Branky A 40 07 044 407 4457					