FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF
TALLAHASSEE, FL

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # M77127 (2)

1. Corporation Name
BEVERLY'S PET CENTER, INC.

Principal Place of Business	Mailing Address
C/O NORMAN ROSENBERG 5805 HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023	C/O NORMAN ROSENBERG 5805 HALLANDALE BEACH BLVD. HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/20/1988
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business	2a. Mailing Address
21 7889 PINES BLVD	26 7889 PINES BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PEMBROKE PINES, FL	28 City & State: PEMBROKE PINES FL
24 Zip: 33024 25 Country: BROWARD	29 Zip: 33024 30 Country: BROWARD

4. FEI Number: 65-0039841 ☐ 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

9. Name and Address of Current Registered Agent

ROSENBERG, NORMAN
5805 HALLANDALE BEACH BLVD.
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent

81 Name: NORMAN ROSENBERG
82 Street Address (P.O. Box Number is Not Acceptable): 4115 SW 111 LANE
83
84 City: DAVIE FL 85 Zip Code: 33328

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: x Norman Rosenberg x 3-4-1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, NORMAN	1.2 NAME	
STREET ADDRESS	4115 S.W. 111TH LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, GREGG	2.2 NAME	
STREET ADDRESS	5810 S.W. 87TH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, BEVERLY	3.2 NAME	
STREET ADDRESS	4115 S.W. 111TH LN.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☒ Change ☐ Addition
NAME	ROSENBERG, MARC J.	4.2 NAME	
STREET ADDRESS	3915 LYMESTONE DR.	4.3 STREET ADDRESS	4000 SW 101 TERR
CITY-ST-ZIP	COOPER CITY FL	4.4 CITY-ST-ZIP	DAVIE, FL 33328
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 changed, or on an attachment with an address.

SIGNATURE: x Beverly Rosenberg BEVERLY ROSENBERG x 3/4/95 x 305-989-4833
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0006882 CP