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Mar 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M77127 (2)

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

Principal Place of Business  
7889 PINES BLVD.  
PEMBROKE PINES FL 33024  
US

Mailing Address  
7889 PINES BLVD.  
PEMBROKE PINES FL 33024-6916  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1988	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0039841	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROSENBERG, NORMAN  
4115 SW 111 LANE  
DAVE FL 33328

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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	
NAME	ROSENBERG, NORMAN	1.2 NAME	
STREET ADDRESS	4115 S.W. 111TH LN.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAVE FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	
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	VP
NAME	ROSENBERG, BEVERLY	3.2 NAME	ROSENBERG, BEVERLY
STREET ADDRESS	4115 S.W. 111TH LN.	3.3 STREET ADDRESS	4115 SW 111 LANE
CITY - ST - ZIP	DAVE FL	3.4 CITY - ST - ZIP	DAVE, FL
TITLE	VP	4.1 TITLE	
NAME	ROSENBERG, MARC J.	4.2 NAME	
STREET ADDRESS	4000 SW 108TH TERRACE	4.3 STREET ADDRESS	
CITY - ST - ZIP	DAVE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/97 (954) 989-7291

CR2E034 (9/96)