


FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N18356 (8) 1. Corporation Name ANIMAL VOICE, INC.			
Principal Place of Business C/O JACQUELINE JACKELOW 525 ACACIA RD., P.O. BOX 3831 VERO BEACH FL 32963		Mailing Address C/O JACQUELINE JACKELOW 525 ACACIA RD., P.O. BOX 3831 VERO BEACH FL 32963-1736	
2. Principal Place of Business 21 3225 13th St. Suite, Apt. #, etc.		2a. Mailing Address 26 PO Box 3831 Suite, Apt. #, etc.	
22 City & State Vero Bch FL Zip Country 24 32960 25		27 City & State Vero Bch FL Zip Country 29 32964 30	
3. Date Incorporated or Qualified 12/19/1986		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2748597		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent JACKELOW, DOROTHY 525 ACACIA RD. VERO BEACH FL 32963		10. Name and Address of New Registered Agent 81 Name Jacqueline Jackelow 82 Street Address (P.O. Box Number is Not Acceptable) 3225 13th St. 83 84 City Vero Bch FL 85 Zip Code 32960	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Jacqueline Jackelow</i> Jacqueline Jackelow 4-20-97 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS JACKELOW, JACQUELINE 525 ACACIA ROAD VERO BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Jackelow, Jacqueline <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DPS 3225 13th St. Vero Bch, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JACKELOW, DOROTHY 525 ACACIA RD. VERO BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Sharon Bailey DRT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO Box 420431 Alapatah St. Miami, FL 33242
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STUCKEY, SHIRLENE 2922 RICHVIEW PARK CIR., N. TALLAHASSEE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Jacqueline Jackelow</i> Jacqueline Jackelow 4-20-97 567-567-9587 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020828</small>			

CR2E037 (9/96)