## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

D	OCI.	<b>JMENT</b>	#	N <sub>1</sub>	8356

1. Corporation Name

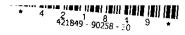
ANIMAL VOICE, INC.

Principal P ace of Business
3225 13TH ST VERO BEACH FL 32960 US

Mailing Address

P.O BOX 3831 VERO BEACH FL 32964

US



2. Principal Pl	ace of Business	2a. Mailing Address					corporated or Qualifed			
21		26				12/1	9/1986			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4. FEI Nu			Apr	lied For
22		27				59-2	748597		Not	Applicable
City & State	9	City & State		5. Certificate of Status Desired			\$8.75 Additional Fee Required			
Zip			Count	try		6. Election Campaign Financing			\$5.00 Vlay Be	
24	25	29	30			II	und Contribution		Added to	
	9. Name and Address of Current		- <del></del>			10. Name	and Address of New F	Registered A	Agent	
			8	<b>B1</b>	Name					
JACKELOW, JACQUELINE			-	82	Ctroot Aide	(D.O. Bo)	Number is Not Accepta	able)		
3225 13T			ſ	92	Street Milds	ess (r.O. Do	( Mattion is Mot Accepte	able)		
			8	83						-
AEHO BE	ACH FL 32960		L	$\perp$						
			[ ]	84	City			<u>FL</u>	85 Zip C	
11. Pursuant t	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508, Florida Statu	tes, the abo	ove-	named corp	oration subm	ts this statement for the	purpose of the appoin	changing its	egistered istered
agent. Far	egistered agent, or both, in the State on familiar with, and accept the obligat	ons of, Section 617.0503, Fig	orida Statut	es.	no corporatio	,,, o board of				
SIGNATURE										
	Signature, typed or printed no me of registered agen			gent	signature require	d when reinstating	ONS/CHANGES TO OF	DATE AN	D DIDECTO	20 IN 12
12.	OFFICERS AN		13.			AUUITI	JNS/CHANGES TO UF	FICERS AN		
TITLE	DPS	☐ DELETE	1.1 THL	E					Change	☐ Addition
NAME	JACKELOW, JACQUELINE		1.2 NAM	Œ						
STREET ADDRESS	3225 13TH ST		1.3 STR	EET A	ADDRESS					
CITY-ST-ZIP	VERO BEACH FL	VERO BEACH FL 149		-ST-	-ZIP					
TITLE	DT	☐ DELETE	2.1 TITL	E					Change	☐ Addition
NAME	BAILEY, SHARON		2.2 NAM	Œ						
STREET ADDRESS	P.O BOX 420431 N/A		2.3 STREET AL		ADDRESS					
CITY-ST-ZIP	ALAPATAH ST. MIAMI FL		2.4 CIT	Y-ST	-ZIP					
TITLE	D	☐ DELETE	3.1 TITLI	E					Change	Addition
NAME	STUCKEY, SHIRLENE		3.2 NAM	Œ						
STREET ADDRESS	2922 RICHVIEW PARK CIR., N.		3.3 STR	EET	ADDRESS	_				j
CITY-ST-ZIP	TALLAHASSEE FL		3.4. CIT	Y-ST	- ZIP					
TITLE	2	☐ DELETE	4.1 TITL	E					Change	Addition
NAME			4. 2 NAM	ME						
STREET ADDRESS			4.3 STR	EET	ADDRESS					,
CITY-ST-ZIP			4.4 CITY							
TITLE		☐ DELETE	5.1 TITU						Change	Addition
NAME			5.2 NAM	Æ						
STREET ADDRESS			5.3 STR	EET/	ADDRESS					
CITY-ST-ZIP			5.4 CITY	/-\$T-	-ZIP					
TITLE	<u> </u>	☐ DELETE	6.1 TITL	E					Change	Addition
NAME		/-	6.2 NAM	Æ						
1			6.3 STR	EET /	ADDRESS					
STREET ADORESS			6.4 CITY							
CITY, ST. 7(P	l .		a 0.7 OIII							

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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, with all other like empowered.

SIGNATURE:

Jacqueline Jackelow Tacqueline Jackelow

4/20/99 Date

567-9587 Daytime Phone # CR2E037 (11/98)