

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29990** (1)

1. Corporation Name
DOGS AND CATS FOREVER, INC.

Principal Place of Business Mailing Address
**2180 MIDTOWN RD
C/O LAURA LINSKOTT
PORT ST. LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1988	3a. Date of Last Report 04/11/1994
4. FEI Number 65-0118134	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent
**LINSKOTT, LAURA
2180 MIDTOWN RD
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINSKOTT, LAURA	1.2 NAME	
STREET ADDRESS	2180 MIDTOWN ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL	1.4 CITY - ST - ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SODL, DOROTHY	2.2 NAME	
STREET ADDRESS	550 N W FAIRFAX AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE FL 34983	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANOK, JOHN	3.2 NAME	
STREET ADDRESS	1365 SW GASTADOR AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT ST LUCIE FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07,3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laura H Linscott* **LAURA LINSKOTT** 4/12/95 (407) 335-2349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #