## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

## DOGS AND CATS FOREVER, INC.

FILED May 01 1997 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address							ilmi min isáið látið sátti sast	n tidim imilit sairt sosti autri ditet minit niere unter ander ander erat.			
2180 MIDTOWN RD 2180 MIDTOWN RD									-		
C/O LAURA LINSCOTT		C/O LAURA LINSCOTT			į į						
PORT ST. LUC	IE FL 34952	PORT ST. LUCIE FL 34952-4833			3. Date Inc	orporated or Qualified	3a. Date	of Last R	eport		
						12/	30/1988		4/10/19		
	ace of Business	2a. Mailing Address			4. FEI Num				plied For		
21		26			65	0118134		NO.	t Applicable		
Suite Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifice	e of Status Desired		, -	Additional		
22		27				o o cialos boores			berlupe		
City & State	€	City & State			1	Campaign Financing	_		May Be		
23			28				d Contribution			to Fees	
Zip	Country	Žip	j	Country			oration has liability for			. 199.032,	
24	25 Same and Address of Curren	29	30			Fiorida S	tatutes  Address of New R	Yes 😿			
Name and Address of Current Registered Agent						10. 1441174 6	to Addition of them th	-Aistelan W		<del></del>	
1,0000	77 I ALIDA			B1	Name						
	TT, LAURA			82	Street #	Address (P.O. Box N	lumber is Not Accepta	ple)			
	DTOWN RD			83							
PURIS	T. LUCIE FL 34952										
				84	City			FL	<b>85</b> Zip	Code	
11 Purcuant	to the provisions of Sections 617 050	2 and 617 1508 Flo	rida Statutes th	e ebove	-named	cornoration submits	this statement for the		nanging it	e registered	
office or re	egistered agent, or both, in the State	of Florida, Such cha	nge was autho	rized by	the corp	poration's board of d	irectors. I hereby acce	pt the appoir	itment as	registered	
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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulated when reinstating)  DATE											
12.	OFFICERS AN			13.	<del> </del>	ADDITION	IS/CHANGES TO OFFI	CERS AND E	IRECTOR	IS IN 12	
TITLE	DVP		DELETE	1.1 TITLE		<b>D</b> S	THIBAUL TA ST.	T	Change	Addition	
NAME	LINSCOTT, LAURA			1.2 NAME		MURIEL	CA ST.	٠.		I	
STREET ADDRESS	2180 MIDTOWN ROAD		1	1.3 STREET	ADDRESS	708 ANI	7/4 3	001			
CITY-ST-ZIP	PORT ST. LUCIE FL			1.4 CITY-S		FT. PIER	CE, FL. 34	70-	-		
TITLE	DS	X	DELETE :	2.1 TITLE				L.	Change	Addition	
NAME	SODL, DOROTHY		1	2.2 NAME	1		. ,			1	
STREET ADDRESS	550 N W FAIRFAX AVE.			2.3 STREET	ADDRESS						
CITY-ST-ZIP	PORT ST. LUCIE FL 34983			2. 4 CITY - 9	T-ZIP				4		
TITLE	PD		DELETE	3.1 TITLE					Change	☐ 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-5	37-ZIP						
TITLE	TD		DELETE	4.1 TITLE					Change	Addition	
NAME	TURE, BARBARA			4. 2 NAME					•		
STREET ADDRESS	4825 RIVER OAK LANE		]	4.3 STREET	address					]	
CiTY - ST - ZIP	FT PIERCE FL			4.4 CITY - 5	T-21P						
TITLE			DELETE	5.1 TITLE		-	•	Ę	Change	Addition	
NAME			'	5.2 NAME				,			
STREET ADDRESS			<b>.</b>	5.3 STREET	ADDRESS					ļ	
CITY - ST - ZIP				5.4 ČITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·				
TITLE				6.1 TITLE		, i			Change	Addition	
NAME			•	6.2 NAME	j			•		Į	
STREET ADDRESS				63 STREET	ADDRESS						
CITY-ST-ZIP				6.4 CITY-S	T-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

561-465-7/3/ Daytime Phone # 0071007