

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 15 1998 8:00am
 Secretary of State

0011345

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29990 (1)
 1. Corporation Name
DOGS AND CATS FOREVER, INC.



Principal Place of Business 2180 MIDTOWN RD C/O LAURA LINSKOTT PORT ST. LUCIE FL 34952	Mailing Address 2180 MIDTOWN RD C/O LAURA LINSKOTT PORT ST. LUCIE FL 34952
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3. Date Incorporated or Qualified
12/30/1988

4. FEI Number **65-0118134**
 Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 29 Zip 30 Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

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 **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LINSKOTT, LAURA	
STREET ADDRESS	2180 MIDTOWN ROAD	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	THIBAUT, MURIEL	
STREET ADDRESS	708 ANITA ST	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	YANOK, JOHN	
STREET ADDRESS	1865 SW GASTADOR AVE	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TURE, BARBARA	
STREET ADDRESS	4825 RIVER OAK LANE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	YATES, BETTY I
4.3 STREET ADDRESS	601 WENOELL RD
4.4 CITY-ST-ZIP	FT PIERCE FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: Betty I. Yates Date: 5-6-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRZE037 (5/98)