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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N29990

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



2. Principal Place of Business: 21 Suite, Apt. #, etc. **Port St Lucie, FL**
 22 City & State: **34952 St Lucie**
 23 Zip Country: **25** **29** **30**
 2a. Mailing Address: 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30
 3. Date Incorporated or Qualified: **12/30/1988**
 4. FEI Number: **65-0118134** Applied For: Not Applicable:
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
LINSCOTT, LAURA
2180 MIDTOWN RD
PORT ST. LUCIE FL 34952
 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: *Laura H. Linscott* DATE: **4/5/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINSCOTT, 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIBAUT, MURIEL	2.2 NAME	
STREET ADDRESS	708 ANITA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT-PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANOK, JOHN	3.2 NAME	<i>PD Terri Osborn</i>
STREET ADDRESS	1365 SW GASTADOR AVE	3.3 STREET ADDRESS	<i>5 Mariposa Ln.</i>
CITY-ST-ZIP	PORT ST LUCIE FL	3.4 CITY-ST-ZIP	<i>Port St Lucie, FL 34952</i>
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, BERRY I	4.2 NAME	<i>TD Helen Kirkpatrick</i>
STREET ADDRESS	601 WENOELL RD	4.3 STREET ADDRESS	<i>1249 NW Sun Terrace Apt. D</i>
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	<i>Port St Lucie, FL 34956</i>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *Laura H. Linscott* SIGNATURE REQUIRED: *Laura H. Linscott* DATE: **4/5/99**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)