


FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45048 (8)
1. Corporation Name
CITIZENS AGAINST PET OVERPOPULATION, INC.



Principal Place of Business 1300 N.W. 31ST AVE. FT. LAUDERDALE FL 33311	Mailing Address 1300 N.W. 31ST AVE. FT. LAUDERDALE FL 33311-5012
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3. Date Incorporated or Qualified 09/09/1991	3a. Date of Last Report 04/10/1996
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21. Principal Place of Business 3200 W OAKLAND PK BLVD	22. Mailing Address 3200 W. OAKLAND PK BLVD	4. FEI Number 65-0329248	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
23. City & State FT. LAUD. FL.	24. City & State FT. LAUD. FL.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
25. Zip 33311	26. Country USA	27. Zip 33311	28. Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
9. Name and Address of Current Registered Agent MATLUK-BOISSEAU, SALLY E. 1300 N.W. 31ST AVE. FT. LAUDERDALE FL 33311				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

81. Name MATLUK-BOISSEAU	82. Street Address (P.O. Box Number is Not Acceptable) 3200 WEST OAKLAND PARK BLVD.	83. City FORT LAUDERDALE FL	84. Zip Code 33311
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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, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Sally E. Matluk Boisseau* (Signature, typed or printed name of registered agent and title if applicable) *Sally E. Matluk Boisseau* (NOTE: Registered Agent signature required when reinstating) **4/25/97** (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATLUK-BOISSEAU, SALLY E	1.2 NAME	
STREET ADDRESS	1219 S.W. 5TH CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRONA, DARLENE	2.2 NAME	
STREET ADDRESS	810 S.W. 5TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BOISSEAU	3.2 NAME	
STREET ADDRESS	1219 SW 5TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied in 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 report is true and correct to the best of my knowledge 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: *Sally E. Matluk Boisseau, Pres.* **4/25/97** **954-463-8905**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034556

CR2E037 (9/96)