

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N45076

(9)

1. Corporation Name

PURRFECT FRIENDS, INC.

FILED

95 AUG -7 AM 10: 39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1991	3a. Date of Last Report 07/21/1994
4. FEI Number 65-0295680	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under a 1991/92 Florida Statutes ☐ Yes ☒ No	

Principal Place of Business
1530 NE 44TH ST.
POMPANO BEACH FL 33064

Mailing Address
1530 NE 44TH ST.
POMPANO BEACH FL 33064

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

PRESS, ROSLYN M.
1530 NE 44TH ST.
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

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

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	PRESS, ROSLYN M.	1.2 NAME	
STREET ADDRESS	1530 NE 44TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	1.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	ST	2.1 TITLE	
NAME	PRESS, ROSLYN M.	2.2 NAME	
STREET ADDRESS	1530 NE 44TH ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	2.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE	T	3.1 TITLE	
NAME	PRESS, YETTA	3.2 NAME	
STREET ADDRESS	601 THREE ISLAND BOULEVARD	3.3 STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE FL	3.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	☐ Change ☐ Addition

SIGNATURE:

Roslyn M. Press
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed #