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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000001445 (6)

1. Corporation Name
PET ACTION LEAGUE (P.A.L.), INC.



Principal Place of Business
193 SYCAMORE DRIVE
DEBARY FL 32713

Mailing Address
193 SYCAMORE DRIVE
DEBARY FL 32713-4342

3. Date Incorporated or Qualified: 03/31/1993
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3182542	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24. Country	29. Country		

9. Name and Address of Current Registered Agent

DAILEY, JEAN M
193 SYCAMORE DRIVE
DEBARY FL 32713

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAILEY, JEAN M	
STREET ADDRESS	193 SYCAMORE DRIVE	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORGAN, LINDA S.	
STREET ADDRESS	219 LAKEWOOD DRIVE	
CITY-ST-ZIP	DEBARY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SHOEMAKER, RICHARD L	
STREET ADDRESS	2050 E. OAKLAND PARK BLVD #202	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HARRING, KARL N	
STREET ADDRESS	407 N.W. 47TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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.

SIGNATURE: Jean M. Dailey REQUIRED m. DAILEY 4-14-97 (407)668-6103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013088

CR2E037 (9/96)