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**Apr 16, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N93000001445

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/31/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3182542
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
30	30	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees
		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAILEY, JEAN M 193 SYCAMORE DRIVE DEBARY FL 32713		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAILEY, JEAN M	1.2 NAME	
STREET ADDRESS	193 SYCAMORE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, LINDA S.	2.2 NAME	
STREET ADDRESS	219 LAKEWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL 32713	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOEMAKER, RICHARD L	3.2 NAME	SHOEMAKER, RICHARD L.
STREET ADDRESS	2050 E. OAKLAND PARK BLVD #202	3.3 STREET ADDRESS	612 N.E. 26TH STREET
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	3.4 CITY-ST-ZIP	WILTON MANORS, FL 33305-1208
TITLE	DS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRING, KARL N	4.2 NAME	
STREET ADDRESS	407 N.W. 47TH ST.	4.3 STREET ADDRESS	497 N.W. 47TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	4.4 CITY-ST-ZIP	
TITLE		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		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: J S [Signature] DATE: 4/11/99 DAYTIME PHONE #: (407) 668-7853

CR2E037 (4/1/98)