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Jun 18 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 # N93000003058 (5)

1. Corporation Name

NORTH AMERICAN PET OWNERS ALLIANCE, INC.



Principal Place of Business

Mailing Address

3395 NW 37TH AVE
LAUDERDALE LAKES FL 33309

3395 NW 37TH AVE
LAUDERDALE LAKES FL 33309-5326

3. Date Incorporated or Qualified
07/07/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0423352

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FACH, RON F CAPT.
3395 NW 37 AVE.
LAUDERDALE LAKES FL 33309

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

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 PTD
NAME FACH, RON CAPT
STREET ADDRESS 3395 NW 37TH AVE
CITY - ST - ZIP LAUDERDALE LAKES FL 33309

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE SD
NAME WILLIAMS, CAROLINE
STREET ADDRESS 14391 SW 20 ST
CITY - ST - ZIP DAVIE FL 33325

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE VD
NAME LEONARD, WILLIAM R
STREET ADDRESS 633 S ANDREWS AVE #402
CITY - ST - ZIP FT LAUDERDALE FL 33301

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D
NAME WILLIAMS, HENRY
STREET ADDRESS 14391 SW 20 ST
CITY - ST - ZIP DAVIE FL 33325

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D
NAME BROWNE, MAXINE
STREET ADDRESS 12730 COTTAGE AVE
CITY - ST - ZIP CHARLEVOIX MI 48720

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D
NAME WOODFORD, DAN
STREET ADDRESS 6551 NW 1ST ST
CITY - ST - ZIP MARGATE FL 33063

6.1 TITLE
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.

CR2E037 (9/96)