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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:21

DOCUMENT # N93000003267 (2)

1. Corporation Name

ANIMAL LIFELINE, INC.

Principal Place of Business	Mailing Address
5320 NE 32ND AVENUE FORT LAUDERDALE FL 33308	5320 NE 32ND AVENUE FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1993
3a. Date of Last Report: 10/05/1994
4. FEI Number: 65-0427687 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 2700 NW 62nd St. 22 Suite B111 23 Ft. Lauderdale, FL 24 Zip 33309 25 County	2a. Mailing Address 26 2700 NW 62nd St. 27 Suite B111 28 Ft. Lauderdale, FL 29 Zip 33309 30 County

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 estimated tax under s. 220.222, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BESH, PAMELA J
5320 NE 32ND AVENUE
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 760 NE 28th Ave
83
84 City Pompano Beach FL 85 Zip Code 33062

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	PTD	11 TITLE	☒ Change ☐ Addition
NAME	BESH, PAMELA J	12 NAME	
STREET ADDRESS	5320 NE 32ND AVENUE	13 STREET ADDRESS	760 NE 28th Ave
CITY-ST-ZIP	FT LAUDERDALE FL 33308	14 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	ROSS, JOHN S JR	22 NAME	Barbara Dreyfuss
STREET ADDRESS	2900 NE 30TH ST #1-K	23 STREET ADDRESS	11541 NW 29th St
CITY-ST-ZIP	FT LAUDERDALE FL 33306	24 CITY-ST-ZIP	Sunrise, FL 33323
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	KELLY, TARA L	32 NAME	
STREET ADDRESS	18242 NW 20TH STREET	33 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DENOWITZ, ALFRED P ESQUIRE	42 NAME	
STREET ADDRESS	8751 BROWARD BLVD. SUITE 307	43 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Pamela J Besh Pres. Pamela J Besh 6/8/95 3059690510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000J807