

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003267 (2)

1. Corporation Name

ANIMAL LIFELINE, INC.

Principal Place of Business

Mailing Address

7300 W. MCNAB ROAD  
SUITE 114  
TAMRAC FL 33321  
US

2700 NW 62ND STREET  
FT. LAUDERDALE FL 33309  
US

2. Principal Place of Business

2a. Mailing Address

21 110 Lake Emerald DR  
Suite, Apt. #, etc.  
22 409  
City & State  
23 Oakland Park FL  
Zip  
24 33309 Country  
25 USA

26 110 Lake Emerald Dr  
Suite, Apt. #, etc.  
27 409  
City & State  
28 Oakland Park FL  
Zip  
29 33309 Country  
30 USA

3. Date Incorporated or Qualified

07/16/1993

4. FEI Number

65-0427687

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BESH, PAMELA J  
780 NE 28TH AVENUE  
POMPANO BEACH FL 33062

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
Marjorie B. Kelly  
953 SW 179th Ave  
Pembroke Pines FL 33029

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

*Pamela J Besh, Pres*

*Rosa V Di Bello-Neyes*

5/11/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	BESH, PAMELA J	
STREET ADDRESS	780 NE 28TH AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DREYFUSS, BARBARA	
STREET ADDRESS	11541 NW 29TH STREET	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KELLY, TARA L	
STREET ADDRESS	18242 NW 20TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DENOWITZ, ALFRED P ESQUIRE	
STREET ADDRESS	8751 BROWARD BLVD. SUITE 307	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Rosa V. Di Bello-Neyes	
1.3 STREET ADDRESS	110 Lake Emerald Dr # 409	
1.4 CITY-ST-ZIP	Oakland Park FL 33309	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marjorie B. Kelly	
2.3 STREET ADDRESS	953 SW 179th Ave	
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
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 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

*Pamela J Besh, Pres*

5/11/98

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