

NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004524 (5)

SAVE OUR STRAY PETS, INC.

Principal Place of Business
13750 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161

Mailing Address
13750 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/24/1983	3a. Date of Last Report 04/27/1994
4. FEI Number 65-0450401	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**GRACE, ELEANOR
13750 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161**

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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	GRACE, ELEANOR TRUSTEE	1.2 NAME	
STREET ADDRESS	13750 WEST DIXIE HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	FRANK, RICHARD G TRUSTEE	2.2 NAME	
STREET ADDRESS	331 NORTH M STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	2.4 CITY-ST-ZIP	
TITLE	STD;	3.1 TITLE	☐ Change ☐ Addition
NAME	LENTINI, RITA TRUSTEE	3.2 NAME	
STREET ADDRESS	13750 WEST DIXIE HIGHWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FEINSTEIN, LEONARD B TRUSTEE	4.2 NAME	
STREET ADDRESS	5440 NORTH STATE ROAD 7	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	AVILA, ALBERTO TRUSTEE	5.2 NAME	
STREET ADDRESS	5440 NORTH STATE ROAD 7	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #