

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000004524 (5)

1. Corporation Name

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**

3. Date Incorporated or Qualified
09/24/1993

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

21 14075 W. Dixie Hwy.
Suite, Apt. #, etc.

22
City & State

23 North Miami, Fl.
Zip Country

24 33161
Country

2a. Mailing Address

26 14075 W. Dixie Hwy
Suite, Apt. #, etc.

27
City & State

28 North Miami, Fl.
Zip Country

29 33161
Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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)
14075 W. Dixie Highway
83
84 City
North Miami
FL
85 Zip Code
33161

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 re-issuing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	GRACE, ELEANOR TRUSTEE
STREET ADDRESS	13750 WEST DIXIE HIGHWAY
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	FRANK, RICHARD G TRUSTEE
STREET ADDRESS	331 NORTH M STREET
CITY-ST-ZIP	LAKE WORTH FL 33460
TITLE	STD <input type="checkbox"/> DELETE
NAME	LENTINI, RITA TRUSTEE
STREET ADDRESS	13750 WEST DIXIE HIGHWAY
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	FEINSTEIN, LEONARD B TRUSTEE
STREET ADDRESS	5440 NORTH STATE ROAD 7
CITY-ST-ZIP	FT LAUDERDALE FL 33319
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	AVILA, ALBERTO TRUSTEE
STREET ADDRESS	5440 NORTH STATE ROAD 7
CITY-ST-ZIP	FT LAUDERDALE FL 33319
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14075 W. DIXIE HIGHWAY
1.4 CITY-ST-ZIP	N. MIAMI, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	GRACE KURLAND
2.3 STREET ADDRESS	103 N.W. 202 TERRACE # 305
2.4 CITY-ST-ZIP	MIAMI, FL. 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	14075 W. DIXIE HIGHWAY
3.3 STREET ADDRESS	N. MIAMI, FL. 33161
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	IWA WUMMER
4.3 STREET ADDRESS	46 LEO LANE
4.4 CITY-ST-ZIP	PALM GARDENS 33403 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BERT SHAPIRO, P.A.
5.3 STREET ADDRESS	41 DETERRA ST. Suite 414
5.4 CITY-ST-ZIP	PALM BEACH, FL. 33401 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)