

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **N94000002351 (4)**

1. Corporation Name

**PETS AND PEOPLE, INC.**



Principal Place of Business

Mailing Address

**9990 SW 77TH AVE.  
SUITE 313  
MIAMI FL 33156**

**1301 EAST RIDGE VILLAGE DR  
MIAMI FL 33157**

3. Date Incorporated or Qualified

**05/10/1994**

4. FEI Number

**65-0611365**

Applied For

Not Applicable

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

**22**  
City & State

**23**  
Zip

Country

**24**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

**27**  
City & State

**28**  
Zip

Country

**29**

**30**

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

**MICHAEL L. BERGER, J.D., LL.M., P.A.  
9990 SW 77TH AVE.  
SUITE 313  
MIAMI FL 33156**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE  
NAME **CATHERINE NASH**  
STREET ADDRESS **1301 EAST RIDGE VILLAGE DRIVE**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **TD** ☐ DELETE  
NAME **EDWARD A. HAMMATT JR**  
STREET ADDRESS **7900 RED ROAD**  
CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **VPD** ☐ DELETE  
NAME **MICHELLE DANG**  
STREET ADDRESS **17300 SW 84 CT.**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **SD** ☐ DELETE  
NAME **ANDERSEN, SANDRA**  
STREET ADDRESS **8507 SW 209 LANE**  
CITY-ST-ZIP **MIAMI FL 33189**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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:

*Catherine Nash*

2-18-98

CR2E037 (10/97)