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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N94000006297 (5)

1. Corporation Name
THE NATIONAL SAVE-A-PET FOUNDATION, INC.

Principal Place of Business	Mailing Address
224 DATURA RM 414 WEST PALM BEACH FL 33401-5632 US	224 DATURA ST RM 414 WEST PALM BEACH FL 33401-5632 US

3. Date Incorporated or Qualified: 12/23/1994
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business	2a. Mailing Address
21 120 OLIVE AVE SOUTH	26 120 OLIVE AVE SOUTH
Suite, Apt. #, etc. 22 306	Suite, Apt. #, etc. 27 306
City & State 23 WEST PALM BEACH FL	City & State 28 WEST PALM BEACH, FL
Zip / Country 24 33401 / 25	Zip / Country 29 33401 / 30

4. FEI Number: 65-0572604 ☐ 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	10. Name and Address of New Registered Agent
SHAPERO, BERTRAM ~~224 DATURA STREET RM 414~~ WEST PALM BEACH FL 33401	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 120 OLIVE AVE SOUTH STE 306 83 84 City: WEST PALM BEACH FL 85 Zip Code: 33401

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 Bertram Shapero, BERTRAM SHAPERO 1/17/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MAXWELL, GERTRUDE G 1473 N OCEAN BLVD PALM BEACH FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRAT, GENE P.O. BOX 1 N/A KENTFIELD CA 94914	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCATEE, TIMOTHY K 130 SANTA ANA AVE SAN FRANCISCO CA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SANDOVAL, INA 1412 CREST DR LAKE WORTH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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: Gertrude G Maxwell CHAIRMAN & TREASURER G. MAXWELL 1/17/97 (561) 832-6660