

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600001292

1. Corporation Name

ANIMAL RETREAT FACILITY OF FLORIDA, INC.

FILED Mar 11, 1999 8:00 am [§] Secretary of State

03-11-1999 90254 004 ****61.25

Principal Place of Business Mailing Address											• ,	
7809 AFTON VILLA COURT 7809 AFTON VILLA COURT												
BOCA RATON FL 33433 BOCA RATON FL 334								ļ				
2. Principal Place of Business				2a. Mailing Address					Date Incorporated or Qualife	d		
				26				- 1	03/07/1996		-	ļ
21 Suite, Apt. #, etc.				Suite, Apt. #, etc.					FEI Number		Apr	lied For
22				27					65-0647009		Not	Applicable
City & State				City & State							\$8.75 A	dditional
23				28				3. 1	Certifcate of Status Desired		Fee Rec	uired
Zip Country				Zip Country				6.	Election Campaign Financing	9 ' 🗆	\$5.00	May Be
24	25			29 30					Trust Fund Contribution	' 🗆	Added to	Fees
		nd Address of Curre	ent Regis	itered Agent				10.	Name and Address of New	Registered	Agent	
			·			81	Name		•		•	ļ
ALEXANDER, NANCI						82 Street Address (P.O. Box Number is Not Acceptable)						
7809 AFTON VILLA COURT												
	TON FL 334				83							
						84	City			FL	85 Zip C	ode
11 Divisions	to the manifole	une of Socione 617 Of	502 and 6	17 1508 Florida State	ites the s	hove	-named co	orporation	submits this statement for the	e numose of	changing its	registered
office or re	enistered anei	nt or both in the Stat	e of Florid	da. Such change was :	authonze	a by	ine corpora	ation's bo	ard of directors. I hereby acc	ept the appoi	ntment as reg	istered
agent. I a	m familiar with	n, and accept the obliq	gations of	, Section 617.0503, FI	orida Stat	tutes.						
SIGNATURE	Steed and a	r printed name of registered as	ant and title	if applicable (NOT	E- Registere	d Agen	t signature requ	uired when re	Instating)	DATE		\
12. OFFICERS AND								A	DDITIONS/CHANGES TO C	FFICERS AN	D DIRECTO	RS IN 12
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14. Thereby certify that the information supplied with this filling 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 of the all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/99 4880SI

R2E037 (11/98)