FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600004095 (3)

PET ANIMAL TRUST, INC.

Principal F	Place of	Business
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Mailing Address

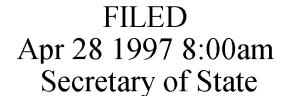
2a. Mailing Address

1109 CORAL REEF DRIVE PORT ST. LUCIE FL 34983

2. Principal Place of Business

The state of the s

1109 CORAL REEF DRIVE PORT ST. LUCIE FL 34983





3a. Date of Last Report

Applied For

3. Date Incorporated or Qualified 08/06/1996

4. FEI Number

21		26			65-069833.	5-0698333 Not Ap			
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	9	City & State			6. Election Campaign Financing	\$	5.00 May Be		
3		28			Trust Fund Contribution		Added to Fees		
Zip	Country	Zip	Country	,	8. This corporation has tiability for in	ntangible tax u	nder s. 199.032,		
4	25	29	30			Yes 🔲 No			
····	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	istered Agen	t		
			81	Name			4		
WEBB, KAAREN K			82	2 Street Address (P.O. Box Number is Not Acceptable)					
1109 CORAL REEF DRIVE PORT ST. LUCIE FL 34983									
		83	İ						
			84	City		—. 85	Zip Code		
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statut	es, the above	e-named cor	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of char	iging its registered		
agent. I a	m familiar with, and accept the obligati	ions of, Section 617.0503, Fig	orida Statute	s.	fillion's board or directors, thereby accept	t the appointm	eni as registorou		
SIGNATURE									
	Signature, typed of printed name of registered agent	* -1		ent signature requ	lred when reinstaling)	DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE				
TITLE	PO	☐ DELETE	1.1 TITLE				change L Addition		
NAME	WEBB, KAAREN K		1.2 NAME						
STREET ADDRESS	1109 CORAL REEF DRIVE		1.3 STREET	ADDRESS			1		
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		1.4 CITY - S	ST-ZIP					
TITLE	VSD	DELETE	2.1 TITLE				Change		
NAME	GLASGOW, AMY L		2.2 NAME				Į.		
STREET ADDRESS	104500 OVERSEAS HIGHWAY	#A-302	2.3 STREET	ADDRESS					
CITY-ST-ZIP	KEY LARGO FL 33037		2. 4 CITY-	ST-ZIP					
TITLE	VSTD	☐ DELETE	3.1 TITLE			≥ 0	Change		
NAME	WILLIAMS, MARY A		3.2 NAME				ţ		
STREET ADDRESS	643 N.W. GRENADA		3.3 STREET	ADDRESS 🥒	49 5. E. Priston				
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		3.4. CITY+	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change		
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP		T on one	4.4 CITY - S	ST-ZIP			V		
TITLE		DELETE	5.1 TITLE				hange		
NAME			52 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS					
CITY-ST-ZIP			5.4 CITY - S	ST-ZIP					
TITLE	- 	☐ DELETE	6.1 TITLE			٥	Change		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET				İ		
CITY-ST-ZIP			6.4 CITY - 9		110 010 11 01		full at the second		
14. I do hereby 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.									