

ANNUAL REPORT
1999Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004965

1. Corporation Name

"SASSIE" PET EDUCATION PROGRAM INC.

Principal Place of Business

6150 SE 5TH PLACE
OCALA FL 34472

Mailing Address

6150 SE 5TH PLACE
OCALA FL 34472FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90001 003 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/28/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3530919	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WARD, LORIE 6975 NE 5TH STREET OCALA FL 34472				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.2 NAME Peggy McClaskey					
1.3 STREET ADDRESS 6150 S.E. 5th Place					
1.4 CITY-ST-ZIP Ocala, FL 34472					
2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
2.2 NAME Lanna Hart					
2.3 STREET ADDRESS 1951 N.W. 44 Pl. #4					
2.4 CITY-ST-ZIP Ocala, FL 34478					
3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
3.2 NAME Lorie Ward					
3.3 STREET ADDRESS 6975 N.E. 5th St.					
3.4 CITY-ST-ZIP Ocala, FL 34472					
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
4.2 NAME Robin Gianikus					
4.3 STREET ADDRESS 320 S.E. 29 Terr.					
4.4 CITY-ST-ZIP Ocala, FL 34472					
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
5.2 NAME Betty Clayton					
5.3 STREET ADDRESS 13611 S.E. 39 Terr.					
5.4 CITY-ST-ZIP Summerfield, FL 34420					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/26/99 352/694-2978

CR2E037 (11/98)