

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 22, 1999 8:00 am**  
**Secretary of State**

06-22-1999 90010 022 \*\*\*\*61.25

5/8813 - 90010 - 22

DOCUMENT # **N98000006637**

1. Corporation Name  
**ABUSED & ENDANGERED ANIMAL FOUNDATION, INC.**

Principal Place of Business

**1441 SW 29 AVE  
POMPANO BEACH,  
FL 33069**

Mailing Address

**1441 SW 29 AVE  
POMPANO BEACH,  
FL 33069**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**11/18/98**

4. FEI Number

**65-0879865**

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

9. Name and Address of Current Registered Agent

**MARC A. PULEO  
3870 NE 3RD LANE  
FORT LAUDERDALE  
FL 33064**

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.

**President**

DATE

**6/15/99**

12. OFFICERS AND DIRECTORS

TITLE **PD** **PRESIDENT** ☐ DELETE

NAME **DR. MARC A. PULEO**  
STREET ADDRESS **2727 N. ATLANTIC BLVD.**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE **VD** **VICE-PRESIDENT** ☐ DELETE

NAME **BRIAN STORMER**  
STREET ADDRESS **4418 SEA GRAPE DR.**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE **TD** **SECRETARY/TREASURER** ☐ DELETE

NAME **ADAM TERRIS**  
STREET ADDRESS **10630 NW 1ST ST.**  
CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**6/15/99**

CR2E037 (11/98)