

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:38

DOCUMENT # **P36716** (9)
1. Corporation Name
PESTELL PET PRODUCTS INC.

Principal Place of Business	Mailing Address
141 HAMILTON ROAD NEW HAMBURG, ONTARIO CANADA NOB 260	141 HAMILTON ROAD NEW HAMBURG, ONTARIO CANADA NOB 260

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/17/1991	3a. Date of Last Report 02/18/1994
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2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Zip
25	29
Country	30

4. FEI Number 99-0125041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**NASON, NATHAN E
NASON, GILDAN, YEAGER, GERSON & WHITE PA
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MURAL, FRED
STREET ADDRESS	3-502 BEACHWOOD DR.
CITY-ST-ZIP	ONTARIO, CANADA
TITLE	CST
NAME	PESTELL, DON J
STREET ADDRESS	22 TWEEDSMUIR CRESCENT
CITY-ST-ZIP	KITCHENER, ONTARIO
TITLE	ST
NAME	DROUILLAND, PAUL
STREET ADDRESS	49 THOMAS
CITY-ST-ZIP	CAMBRIDGE, ONTARIO
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/GENERAL MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DROUILLAND, PAUL
1.3 STREET ADDRESS	49 THOMAS STREET
1.4 CITY-ST-ZIP	CAMBRIDGE, ONTARIO
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HAYES, MARY
3.3 STREET ADDRESS	78 TAYLOR AVE
3.4 CITY-ST-ZIP	CAMBRIDGE, ONTARIO
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statute. 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 007, Florida Statute; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Paul Drouillard* **PAUL DROUILLAND** *1/18/95 519-663-0877*
(Type Signature and Typed or Printed Name of Signing Officer on Director) (Date) (Daytime Phone #)