

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 MAY -1 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000012205 (9) *

1. Corporation Name

FOUR PAWS, INC.

Principal Place of Business
10430 W SAMPLE RD
CORAL SPRINGS FL 33065

Mailing Address
10430 W SAMPLE RD
CORAL SPRINGS FL 33065

600001492406

-05/17/95--01171--014

****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/17/1993

3a. Date of Last Report
03/29/1994

4. FEI Number
65-0389808

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 1306 SW 160th Avenue

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 City & State

23 Sunrise FL

28 Zip

25 Country

29 Zip

30 Country

24 33326

25 Broward

29

30

9. Name and Address of Current Registered Agent

POZZUOLI, EDWARD J
500 E BROWARD BLVD
SUITE 1480
FT LAUDERDALE FL 33394

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

790 E. BROWARD BLVD

83 Suite 200

84 City

Ft. Land

FL

85

Zip Code

33381

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
POZZUOLI, GINA R
621 N VICTORIA PARK RD
FT LAUDERDALE FL 33304

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
1306 SW 160th Avenue
Sunrise FL 33326

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
POZZUOLI, JOSEPH
10831 ROYAL PALM BLVD
CORAL SPRINGS FL 33065

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
1306 SW 160th Avenue
Sunrise FL 33326

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

DA
5-1-95

☐ Change ☐ Addition

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(2)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature Printed

4/29/95 3.384-0380