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FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000018068 (5)

1. Corporation Name  
PET SITTERS, INC.



Principal Place of Business  
451 N UNIVERSITY DR  
PLANTATION FL 33324  
US

Mailing Address  
451 N UNIVERSITY DR  
PLANTATION FL 33324-1480  
US

3. Date Incorporated or Qualified  
03/10/1993

3a. Date of Last Report  
02/02/1996

2. Principal Place of Business  
21 2548 FLAMINGO LANE  
Suite, Apt. #, etc.

2a. Mailing Address  
26 2548 FLAMINGO LANE  
Suite, Apt. #, etc.

4. FEI Number  
65-0403941  
Applied For  
Not Applicable

22  
City & State  
23 FT. LAUDERDALE, FL

27  
City & State  
28 FT. LAUDERDALE, FL

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 Zip 33312  
25 Country USA

29 Zip 33312  
30 Country USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILLER, LIZ  
451 N UNIVERSITY DR  
PLANTATION FL 33324

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

(NOTE: Registered Agent signature required when reinstating)

1/25/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME FILLER, LIZ  
STREET ADDRESS 451 N UNIVERSITY DRIVE  
CITY-ST-ZIP PLANTATION FL

1.1 TITLE P  
1.2 NAME FILLER, LIZ  
1.3 STREET ADDRESS 2548 FLAMINGO LANE  
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33312  
☒ Change ☐ Addition

TITLE DVT  
NAME FILLER, LIZ  
STREET ADDRESS 451 N UNIVERSITY DR  
CITY-ST-ZIP PLANTATION FL 33324

2.1 TITLE DVT  
2.2 NAME FILLER, LIZ  
2.3 STREET ADDRESS 2548 FLAMINGO LANE  
2.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33312  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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 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

1/25/97  
DATE

Daytime Phone #

CR2E034 (9/96)