

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000041523 (0)

1. Corporation Name
PETMAR INVESTMENTS, INC.



Principal Place of Business: 5770 W. IRLO BRONSON MEMORIAL HIGHWAY SUITE 413 KISSIMMEE FL 34746
Mailing Address: 5770 W. IRLO BRONSON MEMORIAL HIGHWAY SUITE 413 KISSIMMEE FL 34746

3. Date Incorporated or Qualified: 06/11/1993
3a. Date of Last Report: 05/31/1995
4. FEI Number: 59-3190180
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: MUIGAI, PETER MUIGAI, 5770 W. IRLO BRONSON MEMORIAL HIGHWAY, SUITE 413, KISSIMMEE FL 34746
10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 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: *Peter N. Muigai* The same Reg. Agent Retained. 05/01/96
NOTE: Signature of Registered Agent is required when registered.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: DVP NAME: MUIGAI, PETER N STREET ADDRESS: 5770 W. IRLO BRONSON MEMORIAL HIGHWAY CITY-ST-ZIP: KISSIMMEE FL 34746	<input type="checkbox"/> DELETE	1.1 TITLE: <i>ESTHER T. WAMBUHU</i> 1.2 NAME: <i>ESTHER T. WAMBUHU</i> 1.3 STREET ADDRESS: <i>5770 W. IRLO BRONSON MEMORIAL HIGHWAY #413</i> 1.4 CITY-ST-ZIP: <i>KISSIMMEE, FL 34746.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: MUIGAI, PETER N STREET ADDRESS: 5770 W. IRLO BRONSON MEMORIAL HIGHWAY CITY-ST-ZIP: KISSIMMEE FL 34746	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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: *Peter N. Muigai* PETER N. MUIGAI 05/01/96 407-396-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)