FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000042258 (2)

PET SUPER STORES, INC.

FILED May 01 1998 8:00am Secretary of State

(302)

Transver



Principal Place	e of Business	Mailing Address			ll .
13868 SW BTH	+ ST	13868 SW 8TH ST			
MIAMI FL 3310		MIAMI FL 33184			
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal Pl	ace of Business	2a. Mailing Address		06/15/1993 4. FEt Number Applied F	
21	de of Edeliness	26		1,450,001	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		65-0428301 Not Applie	
22		27		5. Certificate of Status Desired See Required Fee Required	
City & State	9	City & State		6. Election Campaign Financing \$5.00 May B	
23		28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	Personal Property Tax due June 30.	
	9. Name and Address of Currer	t Registered Agent		10. Name and Address of New Registered Agent	
MA.	ie s ka, isis		81 Name		
	3 LOCK NESS DRIVE		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	MI LAKES FL 33072		JUGET AUT	oress (r.o. Box Number is Not Acceptable)	
			83		
			<u> </u>		
			84 City	FL 85 Zip Code	
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu	les, the above-named cor	ropration submits this statement for the purpose of changing its regist	bered
Drince or re	a gister ed agent, or both, in the State n fami liar with, and accept the obliga	of Florida, Such change was	authorized by the corpora	ation's board of directors. I hereby accept the appointment as register	red
•	The design in the design in the orange	mone of, occitor bor .0000, 11	onda olaldies.		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NO	L. Registered Agont signature requ	ured when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<u>, </u>
TITLE	PVD	DELETE	1.1 TALE	☐ Change ☐ Ad	dition
NAME	Maje ska, robert a		1.2 NAME		
STREET ADDRESS	7243 LOCH NESS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES FL 33072		1.4 CITY - ST - ZIP		
TITLE	STD	DELETE	2 1 TITLE	Change Ad	dition
NAME	Majeska, isis a		22 NAME		
STREET ADDRESS	7243 LOCH NESS DR		23 STREET ADDRESS	•	
CITY-ST-ZIP	MIAMI LAKES FL 33072		2 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Ad	dition
NAME			3.2 NAME		[
STREET ADDRESS			3.3 STREET ADDRESS		ļ
ÇITY-ST-ZIP			3.4. CITY - ST - ZIP		Ì
TITLE "		☐ DELETE	4.1 TITLE	Change Adi	dition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELET E	5.1 TITLE	☐ Change ☐ Ade	dition
NAME			5.2 NAME		- 1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		5.4 CITY - ST - ZIP		l
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Ado	dition
NAME			6.2 NAME	• -	
STREET ADDRESS			6.3 STREET ADDRESS		1
CITY-ST-ZIP			6.4 CHY-ST-ZIP		
14. I hereby ce	ertify that the information supplied wi	th this filing does not qualify for	or the exemption stated in	Section 119.07(3)(i). Florida Statutes. I further certify that the informa	tion
officer or d	or this armual report or supplemental prector of the corporation or the rece	l atmual réport is true and acc iver or trustee empowered to :	urate and that my signal.	ure shall have the same legal effect as if made under oath; that I am a quired by Chapter 607, Florida Statutes; and that my name appears in	\n
Block 12 o	r Block 13 if changed, or on an attac	hment with an address.	Son Contracting	Transition of the control of the con	