

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

CORPORATION  
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE  
T. B. Martin  
Secretary of State  
Division of Corporations

APPROVED  
AND  
FILED

15 MAY - 1 AM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000042874 (6)

1. Corporation Name:

AMOUR' ANIMAL CENTER INC.

Principal Place of Business	Mailing Address		
3188 SOUTHWEST MARTIN DOWNS BLVD. PALM CITY FL 34990 US	3188 SOUTHWEST MARTIN DOWNS BLVD. PALM CITY FL 34990 US		
2. Principal Place of Business  21 Suite Apt # 00	26 Mailing Address  26 Suite Apt # 00		
22 City & State  23	27 City & State  28		
24	25	26	27
9. Name and Address of Current Registered Agent			
<p>HATCHER, JUDITH L 6304 WOODHAM ST. PALM CITY FL 34990</p>			

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized  06/11/1993	3a. Date of Last Report  05/01/1994
4. FEIN Number  65-0423786	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
7. This corporation has liability for franchise tax under § 199.050 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name  JUDITH L. HATCHER
82 Street Address (P.O. Box Number is Not Acceptable)  9424 Indianhawk Rd.
83 City  Jupiter,
84 City  Jupiter FL 33477

4/10/95

11. Pursuant to the provisions of Sections 657.002 and 657.1508, Florida Statutes, the above named corporation submits the 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 agree to the provisions of section 657.0505, Florida Statutes.

SIGNATURE

Judith L. Hatcher

12. OFFICES AND DIRECTORIES	13. ADDITIONS/CHANGES TO OFFICES AND DIRECTORIES IN 12
OFFICE NAME STREET ADDRESS CITY ST ZIP	1. OFFICE 2. NAME 3. STREET ADDRESS 4. CITY ST ZIP
OFFICE NAME STREET ADDRESS CITY ST ZIP	5. OFFICE 6. NAME 7. STREET ADDRESS 8. CITY ST ZIP
OFFICE NAME STREET ADDRESS CITY ST ZIP	9. OFFICE 10. NAME 11. STREET ADDRESS 12. CITY ST ZIP
OFFICE NAME STREET ADDRESS CITY ST ZIP	13. OFFICE 14. NAME 15. STREET ADDRESS 16. CITY ST ZIP
OFFICE NAME STREET ADDRESS CITY ST ZIP	17. OFFICE 18. NAME 19. STREET ADDRESS 20. CITY ST ZIP
OFFICE NAME STREET ADDRESS CITY ST ZIP	21. OFFICE 22. NAME 23. STREET ADDRESS 24. CITY ST ZIP
OFFICE NAME STREET ADDRESS CITY ST ZIP	25. OFFICE 26. NAME 27. STREET ADDRESS 28. CITY ST ZIP

12. I, the undersigned, certify that the information supplied with this filing, voluntarily furnished and true, and qualify for the description stated in law in 119.027(4), Florida Statutes. I further certify that the information included in 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. But I am not officer or director for the corporation nor the officer or director empowered to execute this report as required by Chapter 657, Florida Statutes, and that my name appears in Block E, 12, or Block E, 13, the bottom of this document, marked with an asterisk.

SIGNATURE:

BIGGINS AND WATSON, ATTORNEYS AT LAW  
OF RECORD OFFICERS OR DIRECTORS

Judith L. Hatcher

4/10/95

107-287-5777