

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

95 JUL -3 AM 9:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000065181 (8)

1. Corporation Name
PET LIFE, INC.

Principal Place of Business
**2088 N. MILITARY TR.
SUITE B
WEST PALM BEACH FL 33409**

Mailing Address
**2088 N. MILITARY TR.
SUITE B
WEST PALM BEACH FL 33409**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/09/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0421111	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Taxable with respect to income from Florida sources ☐	\$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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. ZIP	28. ZIP
24. Locality	29. Locality
25. Locality	30. Locality

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARRICO, KENNETH S 2088 N. MILITARY TR. SUITE B WEST PALM BEACH FL 33409	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP	CITY, ST, ZIP

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 190.07(3)(a), Florida Statutes. I further certify that the information submitted on this 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 registered or resident agent, or both, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *[Signature]* DATE: *June 24 1995*

CR2E034 (3/95)