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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000081836 (7)

MR. PET OF MARTIN COUNTY, INC.

FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							// 11001 1510	
2321 SE FEDERAL HIGHWAY 2321 SE FEDERAL HIGHW STUART FL 34994 STUART FL 34994			HWAY					
				DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualified	_ 114 77 710 1	JI ACE	
					11/29/1993			
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number		1	Applied For
21		26					Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	Additional
22		27			6. Certificate of Status Desired		Fee F	Required
City & State					6. Election Campaign Financing		\$5.00	D May Be
23 28					Trust Fund Contribution		Addec	to Fees
Zip	Country Zip		Count	У	8. This corporation owes or has pa	_		
24	25	29	30		Personal Property Tax due June			□ No
	9. Name and Address of Curre	ent Registered Agent	- B	I Name	10. Name and Address of New Re	gistered	Agent	
	ISARI, NADEEM M		l°	Ivame				
	21 SE FEDERAL HWY.		82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
51	WART FL 34994		8:					
			°	'				
			8	City			85 Zip	Code
			<u>_</u>	1		FL		
office or i agent. I s SIGNATURE					poration submits this statement for the ation's board of directors. I hereby acce		ointment a	s registered
12.	Signature typed or printed name of registered a	gent and tale if applicable (NC ND DIRECTORS		ant signature requ	ired when reinstaling)	DATE	B.BE070	
TITLE	I D	DELETE	13.	1	ADDITIONS/CHANGES TO OFFICE	JERS AND	Change	
NAME	ANSARI, NADEEM M		1.2 NAME				C) Criticings	
STREET ADDRESS	1662 SE PORTILLO RD.			T ADDRESS				
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		1.4 CITY-					
TITLE	D	DELETE	21 TITLE	S1-ZIP			☐ Change	Addition
NAME	ANSARI, MEHBOOB S		2.2 NAME					исили
STREET ADDRESS	2321 SE FEDERAL HWY.			T ADDRESS				
CITY-ST-ZIP	STUART FL 34994		2.4 CITY					
TITLE		DELETE	3 1 TITLE	31-24		 .	Change	Addition
NAME			3.2 NAME					
STREET ADDRESS				T ADDRESS				}
CITY-ST-ZIP			3.4. CITY					
TITLE		DELETE	4.1 TITLE		**************************************		Change	Addition
NAME			4. 2 NAMI					
STREET ADDRESS]			T ADDRESS				l
CITY-ST-ZIP			4.4 CITY-					l
TITLE		☐ DELETE	51 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				į
CITY-ST-ZIP			5.4 CITY-					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAME	-			- •	_
STREET ADDRESS			1	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-	1				

14. I 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:

4-20-98