

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

05 MAY -1 AM 4:42

DOCUMENT # P94000001328 (1)

FLORIDA PET MART, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
2599 SW 11TH ST BOYNTON BEACH FL 33426		2599 SW 11TH ST BOYNTON BEACH FL 33426	
2. Principal Place of Business		2a. Mailing Address	
21. State: April 1st		26. State: April 1st	
22. City & State		27. City & State	
23. City & State		28. City & State	
24. City & State		29. City & State	
25. City & State		30. City & State	
3. Date Incorporated or Qualified		3a. Date of Last Report	
12/28/1993		05/01/1994	
4. FEI Number		Applied For	
NOT APPLICABLE		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. 199.030, Florida Statutes.		☒ Yes ☐ No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PALARDY, LINDA 2599 SW 11TH ST BOYNTON BEACH FL 33426		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 607.0502 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 _____

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME: DPS 12.2 STREET ADDRESS: PALARDY, DON L 12.3 CITY & STATE: 2599 SW 11TH ST 12.4 CITY & STATE: BOYNTON BEACH FL 33426	13.1 TITLE: ☐ Change ☐ Addition 13.2 NAME: 13.3 STREET ADDRESS: 13.4 CITY & STATE:
12.5 NAME: DVT 12.6 STREET ADDRESS: PALARDY, LINDA 12.7 CITY & STATE: 2599 SW 11TH ST 12.8 CITY & STATE: BOYNTON BEACH FL 33426	13.5 TITLE: ☐ Change ☐ Addition 13.6 NAME: 13.7 STREET ADDRESS: 13.8 CITY & STATE:
12.9 NAME: 12.10 STREET ADDRESS: 12.11 CITY & STATE:	13.9 TITLE: ☐ Change ☐ Addition 13.10 NAME: 13.11 STREET ADDRESS: 13.12 CITY & STATE:
12.12 NAME: 12.13 STREET ADDRESS: 12.14 CITY & STATE:	13.13 TITLE: ☐ Change ☐ Addition 13.14 NAME: 13.15 STREET ADDRESS: 13.16 CITY & STATE:
12.15 NAME: 12.16 STREET ADDRESS: 12.17 CITY & STATE:	13.17 TITLE: ☐ Change ☐ Addition 13.18 NAME: 13.19 STREET ADDRESS: 13.20 CITY & STATE:
12.18 NAME: 12.19 STREET ADDRESS: 12.20 CITY & STATE:	13.21 TITLE: ☐ Change ☐ Addition 13.22 NAME: 13.23 STREET ADDRESS: 13.24 CITY & STATE:
12.21 NAME: 12.22 STREET ADDRESS: 12.23 CITY & STATE:	13.25 TITLE: ☐ Change ☐ Addition 13.26 NAME: 13.27 STREET ADDRESS: 13.28 CITY & STATE:
12.24 NAME: 12.25 STREET ADDRESS: 12.26 CITY & STATE:	13.29 TITLE: ☐ Change ☐ Addition 13.30 NAME: 13.31 STREET ADDRESS: 13.32 CITY & STATE:

14. I hereby certify that the information supplied with the filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0301, Florida Statutes. I further certify that the information made subject to the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I understand that I am responsible for the accuracy of the information furnished and that my signature shall have the same legal effect as if made in person. I understand that I am responsible for the accuracy of the information furnished and that my signature shall have the same legal effect as if made in person.

SIGNATURE: *Linda Palardy* LINDA PALARDY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
407-495-3849
4-26-94 407-495-7985

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

CORPORATION
 ANNUAL REPORT
 1995



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

APPROVED
 AND
 FILED

6-11-1995 11:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000001329 (9)

1. Corporation Name:

FOREVER COMFORT CORP.

Principal Place of Business:

**10431 S.W. 52ND ST.
 MIAMI FL 33125**

Mailing Address:

**10431 S.W. 52ND ST.
 MIAMI FL 33125**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Quarter:

01/06/1994

3a. Date of Last Report:

2. Principal Place of Business:

21

2a. Mailing Address:

26

State: Apt. # etc.

State: Apt. # etc.

22

City & State:

City & State:

23

28

24

25

29

30

4. FID Number:

67-0447931

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 information under 1994 F.S. 219.012:
 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent:

**RODRIGUEZ, EDUARDO
 10431 S.W. 52ND ST.
 MIAMI FL 33125**

10. Name and Address of New Registered Agent:

81. Name:

82. Street Address (or P.O. Box Number, if Applicable):

83.

84. City:

FL

85. Zip Code:

11. Pursuant to the provisions of Sections 219.012, and 219.013, 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 responsibility as prescribed by Florida Statutes.

SIGNATURE

(Print name and address of the person signing this statement in the space provided below.)

(Print name and address of the person signing this statement in the space provided below.)

12. OFFICERS AND DIRECTORS	
12.1	PSID RODRIGUEZ, EDUARDO 10431 S.W. 52ND ST MIAMI FL 33125
12.2	
12.3	
12.4	
12.5	
12.6	
12.7	
12.8	
12.9	
12.10	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1	☐ Change ☐ Addition
13.2	
13.3	☐ Change ☐ Addition
13.4	
13.5	☐ Change ☐ Addition
13.6	
13.7	☐ Change ☐ Addition
13.8	
13.9	☐ Change ☐ Addition
13.10	

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 199.012(4)(b), Florida Statutes. I further certify that the information included 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 as Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Expiry: 12/31/95