

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000023183 (4)**

1. Corporation Name

INTERNATIONAL PET PRODUCTS, INC.



Principal Place of Business

**4239 PERRY PLACE
NEW PORT RICHEY FL 34652**

Mailing Address

**4239 PERRY PLACE
NEW PORT RICHEY FL 34652**

3. Date Incorporated or Qualified

04/01/1994

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3245323

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 intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HODGES, PAUL S
409 PEGASUS AVENUE SOUTH
CLEARWATER FL 34625**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and state of incorporation

Signature, typed or printed name of registered agent and state of incorporation

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **ARIOTTI, MINA**
STREET ADDRESS **4239 PERRY PLACE**
CITY-STATE-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVS** ☒ Change ☐ Addition
1.2 NAME **ARIOTTI, MINA**
1.3 STREET ADDRESS **4239 PERRY PLACE**
1.4 CITY-STATE-ZIP **NEW PORT RICHEY, FL**

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **ARIOTTI, MINA**
2.3 STREET ADDRESS **4239 PERRY PLACE**
2.4 CITY-STATE-ZIP **NEW PORT RICHEY, FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **ARIOTTI, BRUNO**
3.3 STREET ADDRESS **4239 PERRY PLACE**
3.4 CITY-STATE-ZIP **NEW PORT RICHEY, FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 119.07(3)(k), 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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **BRUNO J ARIOTTI** 4/30/96 803 845-1712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Phone #

CR2E034 (12/95)