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FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000028479 (1)

1. Corporation Name

PLAZA PETS, INC.



Principal Place of Business

910 CURLEW RD
DUNEDIN FL 34698

Mailing Address

910 CURLEW RD
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1994

4. FEI Number

59-3237991

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

MASCHING, DAVID
2201 TAMPA RD
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

Name

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

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 Statute.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P
MASCING, DAVID
STREET ADDRESS 2201 TAMPA ROAD
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME VP
MASCING, JANET
STREET ADDRESS 2201 TAMPA ROAD
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

111 ☐ Change ☐ Addition

121 ☐ Change ☐ Addition

13 ADDRESS

14 ZIP

211 ☐ Change ☐ Addition

221 ☐ Change ☐ Addition

23 ADDRESS

24 ZIP

31 ☐ Change ☐ Addition

32 ☐ Change ☐ Addition

33 ADDRESS

34 ZIP

41 ☐ Change ☐ Addition

42 ☐ Change ☐ Addition

43 ADDRESS

44 ZIP

51 ☐ Change ☐ Addition

52 ☐ Change ☐ Addition

53 ADDRESS

54 ZIP

61 ☐ Change ☐ Addition

62 ☐ Change ☐ Addition

63 ADDRESS

64 ZIP

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; 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: *David Masching* DAVID MASCHING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AGENT

Date

1-5-98

Telephone Phone # 813 736-2473

CR2E034 (10/97)