PROFIT CORPORATION ANNUAL REPORT 1999	Katherin Secretar DIVISION OF C	RTMENT OF STATE ne Harris y of State CORPORATIONS	Jan 25, 1999 8:00am Secretary of State 01-25-1999 90041 023 ****150.00
PURR-FECT PET CARE, INC.	0035798		
rincipal Place of Business 39 LITTLE JOE COURT OPKA FL 32712	Mailing Address 3339 LITTLE JOE COURT APOPKA FL 32712		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/11/1994 4. EEI Number Applied For
Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For 59-3246891 / Not Applicable
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required
<u>] </u>	27 City & State		6. Election Campaign Financing \$5.00 May Be
City & State	28		Trust Fund Contribution Added to Fees
3 Zip Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Cu	29 urrent Registered Agent		10. Name and Address of New Registered Agent
(i)		81 Name	ress (P.O. Box Number is Not Acceptable)
LEONARD, NANCY		82 Street Add	ress (P.O. Box Number is Not Acceptable)
APOPKA FL 32712		83	
APOPKA FL 32712	7.0502 and 607.1508, Florida State State of Florida, Such change was	84 City utes, the above-named cor	FL 85 Zip Code poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the I SIGNATURE Signature, typed or printed name of register 12. OFFICER	obligations of, Section 607.0505, F	84 City utes, the above-named cor	FL F
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the ISIGNATURE SIGNATURE 12. OFFICEF TITLE , DST NAME LEONARD, NANCY	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS	84 City authorized by the corporat iorida Statutes. TE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	PL P
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the inside the agent. I am familiar with, and accept the agent. I am familiar with an additional accept the agent. I am familiar with and accept the agent. I am familiar with and accept the agent. I am familiar with an accept the agent. I am familiar with an additional accept the agent. I am familiar with an additional accept the agent. I am familiar with agent. I am familiar with a matches agent. I am familiar with additional accept the agent. I am	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS	84 City authorized by the corporat iorida Statutes. TE: Registered Agent signature require 13. 1.1 TIFLE 1.1 TIFLE	FL FL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ded when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the of SIGNATURE JOST LEONARD, NANCY 3339 LITTLE JOE COURT APOPKA FL	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS	84 City authorized by the corporat authorized by the corporat Iorida Statutes. 11 12 1.1 1.1 TILE 1.3 1.3 1.4 City 1.3 1.4 1.4 City 2.1 TITLE	PL P
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the issignature, typed or printed name of registance to the issignature, typed or printed name of registance to the issignature, typed or printed name of registance to the issignature, typed or printed name of registance to the issignature, typed or printed name of registance to the issignature, typed or printed name of registance to the issignature, the issignature, typed or printed name of registance to the issignature, the issignature, typed or printed name of registance to the issignature, typed or printed name of registance	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE DELETE	84 City authorized by the corporat authorized by the corporat Iorida Statutes. Iorida Statutes. TE: Registered Agent signature require 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP	FL FL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ded when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with, and accept the instrument of registered agent. I am familiar with and accept the instrument of registered agent. I am familiar with and accept the instrument of registered agent. I am familiar with an accept the instrument of registered agent. I am familiar with an accept the instrument of registered agent. I am familiar with an accept the instrument of registered agent of the instrument of registered agent of th	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE	84 City authorized by the corporational statutes. TE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADORESS 2.4 CITY-ST-ZIP	FL FL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ded when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the issignature, typed or printed name of registance to the issignature, typed or printed name of registance to the issignature, typed or printed name of registance to the issignature, typed or printed name of registance to the issignature, the issignature, typed or printed name of registance to the issignature, the issignature, typed or printed name of registance to the issignature, the issignated decees and the issignature, the	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE DELETE	84 City utes, the above-named corporation authorized by the corporation iorida Statutes. 13. 11.1 11.1 12.1 11.1 13.5 1.4 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	FL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the user of the user of the agent. I am familiar with, and accept the user of t	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE	84 City authorized by the corporational statutes. TE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADORESS 2.4 CITY-ST-ZIP	FL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the user of the agent. I am familiar with, and accept the signature. typed or printed name of registered name of	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE DELETE DELETE	84 City authorized by the corporate authorized by the corporate Torida Statutes. TE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	FL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the distribution of the section of	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE	84 City authorized by the corporate authorized by the corporate Torida Statutes. TE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Performance FL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the to SIGNATURE SIGNATURE 12. OFFICEF TITLE , DST LEONARD, NANCY 3339 LITTLE JOE COURT APOPKA FL TITLE NAME Street ADDRESS GITY-ST-ZIP APOPKA FL TITLE NAME STREET ADDRESS GITY-ST-ZIP	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE DELETE DELETE	B4 City utes, the above-named corr authorized by the corporation of t	Performance FL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the diagent. I am familiar with and accept the dia	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE DELETE DELETE	B4 City uttes, the above-named corr authorized by the corporation iorida Statutes. TE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Performance FL poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the in SIGNATURE SIGNATURE Signature, typed or printed name of registe 12. OFFICEF TITLE , DST LEONARD, NANCY 3339 LITTLE JOE COURT APOPKA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	B4 City utes, the above-named corr authorized by the corporation of a Statutes. TE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.1 TITLE 5.2 NAME	Poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the diagent. I am familiar with and accept the dia	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	84 City utes, the above-named corroration authorized by the corporation authorized by the corporating auth	FL
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the or signature, typed or printed name of register SIGNATURE SIGNATURE 12. OFFICER NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP APOPKA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP APOPKA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME </td <td>obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE</td> <td>B4 City utes, the above-named corr authorized by the corporat forida Statutes. TE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE</td> <td>Poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition</td>	obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE	B4 City utes, the above-named corr authorized by the corporat forida Statutes. TE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADORESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADORESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADORESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE	Poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered ed when reinstating). DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition
APOPKA FL 32712 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and accept the asgent. I am familiar with and accept the asgent and and a complex to the asgent and and a complex to the asgent and accept the asg	Obligations of, Section 607.0505, F red agent and title if applicable. (NO RS AND DIRECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	B4 City utes, the above-named corr authorized by the corporat forida Statutes. TE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	FL