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PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400040063

## FILED Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90032 043 \*\*\*150.00

Corporation     NORTHS		) & PET CENTER									
Principal Place of Business Mailing Address						_	-	BERKE MANE MONER I	011 <b>00</b> 1411 1 <b>00</b> 1		
'				11819 N. MAIN ST.							
JACKSONVILLE				JACKSONVILLE FL 32218				DO NOT WINTE IN THE SPACE			
US US				•				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
								05/24/1994			
2. Principal P	lace of Busin	ness	2a. Mailing Address					4. FEI Number	Apı	plied For	
21			26	26				59-3247396	Not	t Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	dditional	
			27					3. Comments of Charles Desired	Fee Re	quired	
City & State			28 Cir	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees			
Zip		Country	Zip	)	Cou	intry		8. This corporation owes the current year Ir		_	
24		25	29		30			Personal Property Tax.		□No	
	9. Name	and Address of Curre	nt Registere	ed Agent		04	N	10. Name and Address of New Registered	Agent		
RAT	TISTIC KIM	REDIV A				81	Name				
BATTISTIC, KIMBERLY A 11819 N MAIN ST							Street Addre	t Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32218				-					, , , , , , , , , , , , , , , , , , , ,		
							0.1		<del>*::, *                                 </del>	ado	
						1	City	FI	_		
office or r	registered ag	ent, or both, in the State	of Florida.	Such change was	authorized	d by th	he corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	sintment as reg	gistered	
agent. I a SIGNATURE		or printed name of registered ago					signature required	when reinstating) DATE			
			ent and title if app	ors (NO					ND DIRECTO	RS IN 12	
SIGNATURE	Signature, typed	or printed name of registered age OFFICERS A	ent and title if app	Hicable (NO	TE: Registered	I Agent s		when reinstating) DATE			
SIGNATURE	DPST BATTISTIC	or printed name of registered age OFFICERS A	ent and title if app	ors (NO	TE: Registered	I Agent s		when reinstating) DATE	ND DIRECTO	RS IN 12	
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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 with all other like empowered.

SIGNATURE

INATURE AND TYPED OF PREMED HAME OF BIOLUNG OFFICER COMMECTOR

1/21/98 904 757 - 468 Dayling Piking #

:R2E034 (11/98