SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000052140 (8)

PET PROVIDERS, INC.

Principal Place of Business Mailing Address



	8222 WILES RD SUITE 182 CORAL SPRINGS FL 33067		8222 WILES RD SUITE 182 CORAL SPRINGS FL 33067				To Complete the Co
						3. Date Incorporated or Qualified 07/14/1994	3a. Date of Last Report 08/14/1995
2. Principal Plac	ce of Business	2a. Mailing A	ddress			4. FEI Number	Applied For
21		26				65-0510149	Not Applica
Suite, Apt #,	, etc	Suite, Ap	t #. etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Sta	ate			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z _I p	Country	Zip		Countr	v	8. This corporation has hability for i	····
4	25	29		30		Florida Statutes	Yes No
	9. Name and Address of Curre		nt			10. Name and Address of New Re	gistered Agent
00	MANAGER PORFOT A			8	Name		
BOKAVICH, ROBERT A 8222 WILES RD SUITE 182			8:	Street Ade	dress (P.O. Box Number is Not Acceptab	le)	
CO	RAL SPRINGS FL 33067			8:	1		
				8-	City		FL 85 Zip Code
11. Pursuant to	70.	00 007 4600 5	Incide Chre		a named ass	poration submits this statement for the pi ition's board of directors. Thereby accept	
SIGNATURE	lignative typed or proteo nume of registered as	gent and title if applicable		OTE Registered A		urred when reinstahing)	DATE
12.	OFFICERS AI	ND DIRECTORS	T	13.		ADDITIONS/CHANGES TO OFFIC	
THILE	D	L	DELETE	1.1 TITLE			Change Add
NAME	BOKAVICH, ROBERT A			1.2 NAMI	-		
STREET ADDRESS	8222 WILES RD SUITE 18			13STRE	TADDRESS		
CITY - ST - ZIP	CORAL SPRINGS FL 3306	7	Ymbareae	1.4 CiTY			Change Add
TITLE	D	L_	DELETE	2 1 TITLE			Change Roo
NAME	BOKAVICH, BARA			2.2 NAM			
STREET ADDRESS	8222 WILES RD SUITE 18				ET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 3306	7	T Brints	2 4 C/TY			Change Add
TITLE		L.	DELETE	3 1 1111.6			L Onlings L Aus.
NAME				3 2 NAM			
STREET ADDRESS					ET ADDRESS		
CITY - ST - ZIP			DELETE		- ST - 21P		Change Add
TITLE		L	DELETE	41 TITLE			charge rac
NAME				4 2 NAN			
STREET ADDRESS					ET ADDRESS		
CITY - ST - ZIP			DELETE	4.4 CITY			Change Ado
TITLE		L.] Detert	5 1 TITLI	1		C ovarige C view
NAME				5 2 NAM			
STREET ADDRESS					ET ADORESS		
CiTY-ST-2iP		Т	DELETE	5.4 CITY 6.1 TITL	- ST - 7IP		Change Add
THTLE		L_	T DETEIR		1		L one ig. L ho
NAME				6 2 NAN	1		
STREET ADDRESS				■ 63 S1RI	ET ADDRESS		
,					· ST - ZIP		

I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 (3)(K). Florida statutes further certify that the information indicated on this annual report is true and accurate and that my signature shall have taken legal effect as if made under coath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ROBERT A. BOKAVICH 9-31-96 344-5059