FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000001511 (1)**

1. Corporation Name

ORLANDO PET CENTER, INC.

Principal Place of Business	Mailing Address
4309 ROSSMORE DR. ORLANDO FL 32810	4309 ROSSMORE DR. ORLANDO FL 32810

3. Date Incorporated or Qualified: **01/05/1995**

3a. Date of Last Report:

2. Principal Place of Business
21: 7363 W. Colonial Drive
22: Suite, Apt. #, etc.
23: City & State: Orlando FL
24: Zip: 32818 — 25: Country:

2a. Mailing Address
26: 7363 W. Colonial Drive
27: Suite, Apt. #, etc.
28: City & State: Orlando FL
29: Zip: 32818 — 30: Country:

4. FEI Number: 59-3287911 ☐ 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

JOHNSON, WADE F JR.
118 E. JEFFERSON ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name: Michael Metz
82 Street Address (P.O. Box Number is Not Acceptable): ~~304 Dover Street~~ 4600 Wassee Ct
83:
84 City: Orlando — FL — 85 Zip Code: 32818

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: X Michael Metz - Pres. DATE: 4-23-96
Signature, typed or printed name of individual with authority to sign on behalf of corporation. (NOTE: For profit corporations, the registered agent must sign.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONATO, ROBERT 4309 ROSSMORE DR. ORLANDO FL 32810	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Michael Metz ~~304 Dover Street~~ 4600 Wassee Ct Orlando FL 32818	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEDERBRAND, EDGAR JR. 4309 ROSSMORE DR. ORLANDO FL 32810	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V Alisa Hoskins 225 Enka Avenue Orlando, Fl 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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.

SIGNATURE: X Michael Metz - Pres. — 4/23/96 (Date) — 407 291-3200 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL D. METZ

CR2E034 (12/95)