FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

··· v	UAL REPORT 1996		Sec	dra B. Mostho pretary of Stat OF CORPOR	e				
DOCU 1. Corporation	MENT #	P9500002	24896 ((9)					
MAN	S BEST FRIEN	ID, INC.						88313 81841 B(881 181	(42 12 11 2 2 11 1 1 2 4 1
Principal Plac	e of Business		ailing Address						
4180 SW 48TH AVENUE PALM CITY FL 34990			4180 SW 48TH AVENUE PALM CITY FL 34990						
2. Principal F	Place of Business		Maling Address				3. Date incorporated or Gualified 3a 03/27/1995	Dan of Last F	
<u> </u>		26				(65-0576400	/ ⊢⊣	Applied For Not Applicable
Suite, Apt.	#, elc.	02	Suite, Apt. #, etc.				6. Certificate of Status Desired	\$8.7	5 Additional
City & Stat	te	28	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.0	Required May Be do to Fees
Zip 24]	25	ountry 29 Address of Current Regis	<i>Ζ</i> φ	30	ntry		8. This corporation has liability for intang Florida Statutes	jible tax under s No	
	9, Name and A	doless of Current negls	tered Agent		81 Nam	 10	10. Name and Address of New Regist	ered Agent	
	DER, TIMOTHY E				82 Stree	et Addres	ss (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·	
	w 48th Avenue City fl 34990				83				
PALMI	JIII FL 34990				83				
				- 1	84 Orty			85 Z	p Code
11. Pursuant	to the provisions of	Sections 607 0502 and 607	7.1508 Florida Siai	lutes the abo		corporat	ing submits this statement for the overview	<u>FL </u>	
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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 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRIVATE NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Da

3-9-96 407 7812001 Date: Daytric Proper