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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000028131 (7)

DOCUMENT # 1. Corporation Name AFFECTIONATE PET, INC. Mailing Address Principal Place of Business -- 0000 NW-57TH-STREET-6660 NW 57TH STREET TAMARAC FL 33319 -TAMARAC FL 89919 3. Date Incorporated or Qualified 3a. Date of Last Report 04/05/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0587926 11617 N.W. 27TH COURT Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired L.J Fee Required 22 \$5.00 May Be City & State Election Campaign Financing City & State CORAL SPRINGS, Trust Fund Contribution Added to Fees 23 8. This corporation has liability for intangible tax under s. 199.032, Country **KX**Yes □ No BROWARD 33065 Florida Statutes 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BEASLY, SUZANNE Street Address (P.O. Box Number is Not Acceptable) 82 -6660 NW 57TH STREET 8. TAMARAC FL 63319-11617 N.W. 27TH COURT Zip Code CORAL SPRINGS 85 33065 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. NOTE: Registered Agent signature required when reinstating) (12/95)Stynature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition DELETE 1, 1 101,8 TITLE CR2E034 **BEASLY, SUZANNE** 1.2 NAME NAME -0000 NW 57TH STREET 1.3 STREET ADDRESS 11617 N.W. 27TH COURT STREET ADDRESS TAMARAC FL 83319 1.4 CITY - S1 - ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP Change Addition SC) DELETE 2.1 THILE TITLE -RYAN, LORRAINE 2.2 NAME NAME 4214 SW 74TH AVE 2.3 STREET ADDRESS STREET ADDRESS -N-LAUDERDALE FL-33066 2.4 CITY - ST- ZIP CITY - ST - ZIP Change Addition [] DELETE 3 1 TITLE ... TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 CITY - \$1 - 2IP CHY-ST-ZIP Addition Fil Change DEFEIE 4. 1 THEE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 1000018042<u>9</u>1 4.4 CITY - \$1 - ZIP CITY-ST-ZIP -05/02/96--01015--002ange DELETE 5.1 TITLE TITLE 5.2 NAME ***200.00 NAME 5.3 STHEE! ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - ZIP Change Addition* DELETE 6 1301LE TITLE 6.2 NAME NAM-

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)(k), 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 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 cly

6.3 STREET ADDRESS

64 CITY-\$1-7P

STREET ADDRESS

Daytiose Phone #