FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000057460 (4)

RAINFOREST PETS, INC.

FILED Mar 05 1998 8:00am Secretary of State

813



Principal Place of Business Mailing Address 3401 HENDERSON BLVD., SUITES H & I 3401 HENDERSON BLVD., SUITES H & I				
TAMPA FL 33		TAMPA FL 33609	Suiles n a i	
				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
		•		07/24/1995
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0601274 Not Applicat
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Certificate of Status Desired \$8.75 Additional
City & Stat	te	City & State		Fee Required
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. 👿 Yes 🗌 No
	g. Name and Address of Curre	ant Registered Agent		10. Name and Address of New Registered Agent
	Borowsky, Leigh		81 Name	
	DI HENDERSON BLVD.		82 Street	Address (P.O. Box Number is Not Acceptable)
	ITES H & I		83	
TAI	MPA FL 33609		83	
			84 City	85 Zip Code
## Ourought	to the provincens of Sections 607.06	CO2 and CO7 1500 Florida Part 4		FL 3 25 Code
office or r	registered agent, or both, in the Stat	te of Florida. Such change was a	es, the above-named authorized by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statutes.	
SIGNATURE	Signature, typed or printed name of registered a	one and litie if applicable /NOT	E Registered Agent signature	required when reinstating) DATE
12.	· · · = • · · · · · · · · · · · · · · ·	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	
NAME	TOBOROWSKY, LEIGH		1.2 NAME	LEIGH TOBORDWSEY
STREET ADDRESS	4004 ROBINSON ROAD		1.3 STREET ADDRESS	2904 W. ESTRELLA ST. #2
City-St-ZIP	VALRICO-FL 93594		1.4 CITY-ST-ZIP	TAMPA, FL 33629
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY+ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		☐ DELET E	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		Floriere	4.4 CITY-ST-ZiP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		□ nc(ETF	5.4 CITY-ST-ZIP	[Al
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME CORET ADDRESS			6.2 NAME	
i i				
4.4 I hereby o	sertify that the information supplied	with this films does not availed to	r the evention state	d in Section 118 07/3Vi). Florida Statutes further contile that the information
officer or o	on this annual report or supplement	tal annual report is true and accu seiver or trustee empowered to e	urate and that my sign	d in Section 119.07(3)(i), Florida Statutes. I further certify that the informati nature shall have the same legal effect as if made under oath; that I am ar required by Chapter 607, Florida Statutes; and that my name appears in