

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

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Apr 15 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P95000068010  
1. Corporation Name

**ANIMAL QUACKERS, INC.**

Principal Place of Business      Mailing Address

**149 Merritt Square Mall**  
**Merritt, Island, Florida 32952**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		59-3337261		1996	
22. City & State		27. City & State		5. Certificate of Status Desired		Applied For	
23. Zip		28. Zip		<input type="checkbox"/>		<input type="checkbox"/>	
24. Country		29. Country		6. Election Campaign Financing		\$8.75 Additional Fee Required	
25. Country		30. Country		Trust Fund Contribution		\$5.00 May Be Added to Fees	
				<input type="checkbox"/>		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>Walter T. Rose, Jr.</b> <b>101 North Atlantic Ave.</b> <b>Cocoa Beach, Florida 32931 US</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0602 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: **Walter T. Rose, Jr.**  
(Signature typed or printed name of registered agent and who is applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE: <b>Director</b> <input type="checkbox"/> DELETE NAME: <b>Linda C. Breazeale</b> STREET ADDRESS: <b>1225 Foxfire Ct.</b> CITY-STATE-ZIP: <b>Melbourne, Fl. 32940</b>				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP			
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY-STATE-ZIP:				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP			

*Handwritten:* 4/15-97

**700002144467**  
-04/16/97--01005--019  
\*\*\*165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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: **Linda C. Breazeale** **LINDA BREAZEALE** **4/4/97** **407-454-4149**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)