

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 # P95000094102 (7)

1. Corporation Name

PET SUPER STORE OF THE HAMMOCKS, INC.



Principal Place of Business

14645 SOUTHWEST 104 STREET  
MIAMI FL 33186

Mailing Address

14645 SOUTHWEST 104 STREET  
MIAMI FL 33186

3. Date Incorporated or Qualified  
12/12/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAJESKA, ISIS

14645 SOUTHWEST 104 STREET  
MIAMI FL 33186

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

7243 Loch Ness Dr.

83.

84.

Miami Lakes

FL

85. Zip Code

33014

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

*Robert A. Majeska*

(Print Name of Registered Agent) (Signature of Registered Agent)

DATE

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DE~~ MAJESKA, ROBERT A ☐ DELETE  
STREET ADDRESS ~~7243 LOCH NESS DRIVE~~  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ DELETE  
NAME ISIS N. MAJESKA  
STREET ADDRESS SECRETARY - TREASURER  
CITY-ST-ZIP 7243 LOCH NESS DR  
MIAMI LAKES FL 33014

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY-ST-ZIP

DIRECTOR, PRESIDENT ☒ Change ☐ Addition  
+ VICE PRESIDENT  
7243 LOCH NESS DR.

2. TITLE  
2. NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☒ Addition

3. TITLE  
3. NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4. TITLE  
4. NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5. TITLE  
5. NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6. TITLE  
6. 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)(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 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:

*Robert A. Majeska*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

305  
220-0742

CR2E034 (12/95)