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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000004272 (6)

1. Corporation Name
ANIMAL WORLD, INC.



Principal Place of Business
110 S.E. 7 STREET, #5
HALLANDALE FL 33009

Mailing Address
110 S.E. 7 STREET, #5
HALLANDALE FL 33009-6463

3. Date Incorporated or Qualified
01/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 19575 BISCAYNE BLVD

Suite, Apt. #, etc.

22 # 1299

City & State

23 AVENTURA, FL

Zip

24 33180

Country

25 USA

2a. Mailing Address

26 19575 BISCAYNE BLVD

Suite, Apt. #, etc.

27 # 1299

City & State

28 AVENTURA, FL

Zip

29 33180

Country

30 USA

4. FEI Number

65-0637325

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

9. Name and Address of Current Registered Agent

BARBAKOFF, MARC L ESQUIRE
2450 N.E. MIAMI GARDENS DRIVE
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NORTON, TOM
STREET ADDRESS 110 S.E. 7 STREET, #5
CITY-ST-ZIP HALLANDALE FL 33009

DELETE

TITLE SD
NAME DURGIN, HARRY R JR.
STREET ADDRESS 5004 PONY EXPRESS TRAIL
CITY-ST-ZIP CAMINO CA 95709

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME THOMAS H. NORTON
1.3 STREET ADDRESS 110 SE 7th ST #1
1.4 CITY-ST-ZIP HALLANDALE, FL 33009

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 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:

THOMAS H. NORTON

4/8/97

(305) 936 9298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0112884

CR2E034 (9/96)