


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000010098 1. Corporation Name FARMED EXPRESS, INC. PETMED NC 5/13/97					
Principal Place of Business 2450 N. Powerline Rd. Ste. 20 Pompano Beach, FL 33069			Mailing Address SAME		
2. Principal Place of Business 21 3330 N.W. 53 Street Suite, Apt. #, etc. 22 # 307 City & State 23 Ft. Lauderdale, FL Zip 24 33309 Country 25 USA		2a. Mailing Address 26 3330 N.W. 53 Street Suite, Apt. #, etc. 27 # 307 City & State 28 Ft. Lauderdale, FL Zip 29 33309 Country 30 USA		3. Date Incorporated or Qualified January 29, 1996 3a. Date of Last Report 1996 4. FEI Number 65-0637183 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent MARC A. Puleo, MD 2450 N. POWELLIN Rd., Ste. 20 Pompano Beach, FL 33069 US			10. Name and Address of New Registered Agent 81 Name MARC A. PULEO, M.D. 82 Street Address (P.O. Box Number is Not Acceptable) 3330 N.W. 53 Street 83 # 307 84 City Ft. Lauderdale FL 85 Zip Code 33309		
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 Marc A. Puleo, M.D. DATE April 29, 1997 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D NAME MARK PULEO STREET ADDRESS 2400 NW 44th Ct. CITY-ST-ZIP Lighthouse Point, FL 33064 DELETE <input checked="" type="checkbox"/> TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/> TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/> TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/> TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/> TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/>			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D 1.2 NAME MARC A. PULEO 1.3 STREET ADDRESS 3330 NW 53 Street, # 307 1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 2.1 TITLE P/S/T 2.2 NAME MARC A. PULEO 2.3 STREET ADDRESS 3330 NW 53 Street, # 307 2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: Marc Puleo, M.D. 4-29-97 9542774788 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (3/96)