

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

**FILED**

**Feb 24 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 # P96000037335 (2)**

**1. Corporation Name  
DOG & CAT, INC.**



**Principal Place of Business  
2410 N. UNIVERSITY DRIVE  
SUNRISE FL 33322**

**Mailing Address  
2410 N. UNIVERSITY DRIVE  
SUNRISE FL 33322-3053**

**3. Date Incorporated or Qualified 04/26/1996**      **3a. Date of Last Report**

**2. Principal Place of Business  
21 1931 N Pine Island Rd**

**2a. Mailing Address  
26 1931 N Pine Island Rd**

**4. FEI Number 65-0672523**      **Applied For Not Applicable**

**22 City & State  
Plantation Florida**

**27 City & State  
Plantation Florida**

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**23 Zip 33322 Country USA**

**29 Zip 33322 Country USA**

**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**

**SOUTH FLORIDA REGISTERED AGENTS, INC.  
% ATLAS PEARLMAN TROP & BORKSON, P.A.  
200 EAST LAS OLAS BLVD. SUITE 1900  
FT. LAUDERDALE FL 33301**

**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:** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>BAUMWELL, PETER DVM</b>
<b>STREET ADDRESS</b>	<b>2410 N. UNIVERSITY DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>SUNRISE FL 33322</b>
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>BAUMWELL, LORI</b>
<b>STREET ADDRESS</b>	<b>2410 N. UNIVERSITY DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>SUNRISE FL 33322</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>1.1 TITLE</b>	<b>Director, President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<b>Director, Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**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:** *Lori Baumwell*      **DATE:** 2/18/97      **DAYTIME PHONE #:** 954 474 3500

CR2E034 (9/96)