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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000042651

1. Corporation Name

CRITTERS 'N MORE, INC.

011177211											
Principal Place	e of Business	Mailin	g Address								
11445 SW 40 ST 11445 SW 40 ST											
MIAMI FL 33165 MIAMI FL 33165								DO NOT V	VRITE IN THI	S SPACE	
US US								DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified			
								05/20/1996			}
O Dainainal Di	and of Puninger	22 14	ailing Address					4. FEI Number		TIAn	plied For
	ace of Business	_	aning Address					65-0666501		<u> </u>	t Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, et										\$8.75 /	
	#, 6 10.	27	–					Certificate of Status Desired		Fee Re	
22 City & State	a terminal section of the contract of the cont		-City & State					6. Election Campaign Financi	na	\$5.00	May Re
<u> </u>			28					Trust Fund Contribution Added to Fees			
Zip	Country	Zip		Coun	try			8. This corporation owes the	current year to	ntangible	-
⊢ '	25 29 30							Personal Property Tax.			
24	9. Name and Address of Current Registered Agent				10.			10. Name and Address of New Registered Agent			
	v. Hamo dire Addition v. Garage			- 1	81	Name					
ROS	E, MAYRA C			ļ.				- (D.O. Day Mussles in No.	- atabla\		
11445 SW 40TH ST					82 Street Address (P.O. Box Number is Not Acceptable)						
MAN	VI FL 33165				83					·	-
				L	_	_			. . .		
				1	84	City			F	85 Zip (Code
office or readent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligation	f Flonda. \	Such change was at	ithorized	DV I	the corpor	orpor	ation submits this statement for 's board of directors. I hereby a	the purpose occept the app	of changing its ointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if app	dicable. (NOTE:	Registered A	gent	t signature red	quired v	rhen reinstating)	DATE		
12.	OFFICERS AND	DIRECT		13.		· · · · · · · · · · · · · · · · · · ·	_	ADDITIONS/CHANGES TO	OFFICERS A		ORS IN 12
TITLE	• •			1.1 TTU	1.1 mus S €		S E	ecrethry .	· •	☐ Change	Addition
NAME	ROSE, MAYRA C 4301 SW 4TH STREET 11445 SW 40 1			1.2 NAME			α	leigedro al	rearte	-1 X2.	· .
STREET ADDRESS	STREET ADDRESS 4301 SW 4TH STREET			1.3 STRI			77	445 SW 40	pat_	·	
CITY-ST-ZIP	MIAMI FL 33134-33 1 65		1.4 CFD	Y-ST	r-ZIP	7	manu FL 33	165			
TITLE	☐ DELETE 2.1				2.1 TITLE .					Change	☐ Addition
NAME			2.2 N			2.2 NAME					Į
STREET ADDRESS	STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP				2.4 CIT	Y-\$	T-ZIP					
TITLE		☐ DELETE 3			3.1 TITLE					Change	Addition
NAME	المحادث والمحادث والمحادث والمحادث	~~~		3.2 NAN	ME.						
STREET ADDRESS				3.3 STR	ŒET	ADDRESS					ļ
CITY-ST-ZIP				3.4. CfT	Y-5	T-21P					
TITLE	☐ DELETÉ			4.1 TITL	4.1 TITLE					Change	Addition
NAME				4. 2 NA	ME						
STREET ADDRESS				4.3 STR	REET	ADDRESS					
CiTY-ST-ZIP				4,4 CIT	Y-\$1	T-ZIP					
TITLE			☐ DELETE	5.1 TITE				<u></u>		Change	☐ Addition
NAME				5.2 NAM	ΜE						
STREET ADDRESS				5.3 STR	REET	ADDRESS					Ì
CITY-ST-ZIP				5.4 CIT	Y-S1	r-ZiP					-

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of myster 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 attackment with an address, with a pother like empowered.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE

Change

Addition

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90029 008 ***158.75