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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000058934 (6)

PETLAR INC

Principal Place of Business

8351 6 PALMAIRE DR #107 POMPANO BEACH FL 33069 Mailing Address

3351 S PALMAIRE DR #107 POMPANO BEACH FL 33069-4252

FILED May 19 1997 8:00am Secretary of State



3a. Date of Last Report

3. Date Incorporated or Qualified

07/15/1996

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2. Principal Place of Business	2a. Mailing Addi	lress		4. FEI Number	h11	pplied For
21	26			65-0686621		ot Applicable
Suite, Apt. #, etc.	Suite, Apt. #			5. Certificate of Status Desired		Additional equired
City & State	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip Country	Zip	Cou	untry	8. This corporation has liability for	ntangible tax under s	. 199.032,
1 25 29			·		Yes No	
Name and Address of (Current Registered Agent			10, Name and Address of New Me	distered Agent	
PETERS, LARRY			81 Name	•	1	
3351 S PALMAIRE DR #107 POMPANO BEACH FL 33069			82 Street Address (P.O. Box Number is Not Acceptable)			
			83			
			84 City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the	e State of Florida. Such char	nge was authori≱e	d by the corpora	poration submits this statement for the pulion's board of directors. I hereby accept	urpose of changing i	ts registered registered
agent. I am familiar with, and accept the	obligations of, Section 607	'.Õ505, Horida Stat	tutes.	,		<i>y</i>
SIGNATURE Signature, typed or printed name of regist	and the second control of the second control	(A)(O7) Post-	od Agent signature requi	tood ad an extended and	DATE	
OLEICE:	RS AND DIRECTORS	T 12	SO Agen, signature requi	ADDITIONS/CHANGES TO OFFICE		RS IN 12
ITILE PRESIDENT LARRY PETERS STREET ADDRESS 3351 3. PALITIAIN POMPANO BOA	D.0	ELETE 1.1 TO	ille	7,0011101101011111010111101	Change	Addition
NAME LARRY PETERS		1.2 N			v	
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CHY-SI-ZIP POMPANO BOA	1. Fr. 33069	140	ITY-S1-ZIP			
ITILE		ELETE 21T			Change	Addition
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i i						
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