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 # P96000082833

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90075 043 ***150.00

THE PE	T CENTER, INC.		· •							
Principal Place of Business Mailing Address						-	(118)1861 18108	\$11 99 1111 1 98 1	
234 S FEDERAL HWY BOCA RATON FL 33432 234 S FEDERAL HWY BOCA RATON FL 33432						DO NOT WRI	TE,IN,THIS,S	SPACE		······································
						3. Date Incorporated or Qualifed 10/01/1996	٧.			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	olied For	
21 26						65-0700875	*	_ 	Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc								\$8.75 A		17
22	27				5. Certifcate of Status Desired		Fee Red	quired		
City & State City & State						6. Election Campaign Financing		\$5.00	May Be	
23 . 28						Trust Fund Contribution		Added to	Fees	
Zip Country Zip			Cou	intry		8. This corporation owes the curr			.	
				1		Personal Property Tax. Yes No				
	9. Name and Address of Curren	t Registered Agent		81 Na	 me	10. Name and Address of New F	(egistered A	gent		
ROS	ENMAN, LARRY C			01 148	ille		•			
9927 ROBIN'S NEST RD				82 St	eet Addre:	ss (P.O. Box Number is Not Accepta	ıble) .			
	A RATON FL 33496			83		र है। है। इस विभाग केंद्र में हैं है	1. C. 1. M. 1. M. 6		C 38 (\$15.6)	
ļ				84 Cit	У	A NO. See This in the Property Control	FL	85 ""Zip C	ode	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508; Florida Statu	ites, the a	l l bove-nar	ned corpor	ration submits this statement for the	nurnose of c	hanging its i	registered	
office or r	registered agent, or both, in the State of familiar with, and accept the obligation	of Florida, Such change was	authorized	t by the r	orporation	n's board of directors. I hereby accep	t the appoint	ment as reg	istered	
	in lamilar with, and accept the conge	10113 01, 0001011 007.0000, 11	onda otat	J. 100.					·	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOT	E: Registered	Agent signs	ture required v	when reinstating) 1 24 1	DATE			á
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AND			ğ
TITLE	D DELETE		1.1 TT	1.1 TITLE				☐ Change	☐ Addition	3
NAME MARTIRE, LOUIS			1.2 NA	1.2 NAME					•	27
STREET ADDRESS 22325 COLLINGTON DR			1.3 ST	1.3 STREET ADDRESS						Ĭ
CITY-ST-ZIP	BOCA RATON FL 33428			1.4 CITY-ST-ZIP 2.1 TITLE					□ Addition	ģ
TITLE		☐ DELETE						Change	Addition	. `
NAME			2.2 NAME 2.3 STREET ADDRESS		•	,			ĺ	
STREET ADDRESS					ESS					
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 CI	TY-ST-ZIP				Change	☐ Addition	
NAME				3.2 NAME						
STREET ADDRESS				REET ADDR	rec			•		ĺ
٠,	ITY-ST-ZIP			3.4. CITY-ST-ZIP			1000年後			l
TITLE		☐ DELETE	4.1 T/I				7 7 12 12 11	Change :	Addition	
NAME	4.21		4.2 N			·		•		
	STREET ADDRESS			4.3 STREET ADDRESS		•				
CITY-ST-ZIP			TY-ST-ZIP							
TITLE		☐ DELETE 5.1						Change	☐ Addition	
NAME	5.2 N		WE		The second secon	* :	; ·		ĺ	
STREET ADDRESS			5.3 ST							1
CITY-ST-ZIP	İ			REETADDR	ESS	en e				١.
TITLE			5.4 CF	TY-ST-ZIP	ESS	er ges				
1		☐ DELETE	5.4 CF 6.1 TF	TY-ST-ZIP TLE	ESS	ern Ver		Change	Addition	
NAME		☐ DELETE	5.4 CF 6.1 TF 6.2 NA	TY-ST-ZIP TLE IME		27 3.75		☐ Change	Addition	54
NAME STREET ADDRESS		☐ DELETE	5.4 CF 6.1 TH 6.2 NA 6.3 ST	TY-ST-ZIP TLE		217 J. 15		☐ Change	Addition	1**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-27- 19

Daytime Phone #