## 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 # **P96000098306**

	on Name						
PET PA	RADISE, INC.						
	·					<b>aa</b> aa <b>a</b> kalaa kalaa kiih a	A 6 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		*					
Principal Plac	ce of Business	Mailing Address			- 1 10 ENDAN THE IDEA OF THE OWNER DRIVE DESIGNATION OF THE OWNER DRIVE	MARIN FILLER FRANK FRANK	EBTIO BIN ISBY
3459 HIATUS	RD	3459 HIATUS RD					
SUNRISE FL 3		SUNRISE FL 33351					
บร		US			DO NOT WRITE IN 1	THIS SPACE	
	ž.				3. Date Incorporated or Qualifed		
	÷ .			,	12/02/1996		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26		÷	65-0715830	. No	t Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			E Cortifonto of Status Desired	\$8.75 A	Additional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & Sta	te - "	City & State		,	6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	r Intangible	
24	. 25	29	30		Personal Property Tax.	Yes	□Ño
	9. Name and Address of Currer	t Registered Agent			10. Name and Address of New Registe	red Agent	
VEC	OCIAMAN DODEDT		81	Name			
	SELMAN, ROBERT		82	Stroot Addre	ess (P.O. Box Number is Not Acceptable)	<del>-, </del>	
	WILLOW GROVE TERRACE		1	Ollost Addit	ess (1.0. Dax realmoet is feet Acceptable)		N. P. C.
DAV	TE FL 33325		83				3. 1. 37
		•		<b>6</b> 1	निर्मित्रक्षिक्षित्रम		(1) 2 CM (1)
			84	City	` I	FL 85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-	named corpo	oration submits this statement for the purpos	e of changing its	registered
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	uthorized by th	ne corporatio	n's board of directors. I hereby accept the a	ppointment as reg	gistered
agent. ra	ani ianiliai witii, and accept the obliga						
******		tions of, Section 607.0505, Flor	nda Statutes.		••		
SIGNATURE	Signature, typed or printed name of registered agei			signature required	J when reinstating) . : DATE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or printed name of registered age			signature required	I when reinstating)		RS IN 12
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent s	signature required	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
12.	Signature, typed or printed name of registered agei OFFICERS AN	nt and title if applicable. (NOTE:	Registered Agent s	signature required		S AND DIRECTOR	
<b>12.</b> TITLE	Signature, typed or printed name of registered age OFFICERS AN D KESSELMAN, ROBERT	nt and title if applicable. (NOTE: ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN D KESSELMAN, ROBERT	nt and title if applicable. (NOTE: ID DIRECTORS  DELETE	Registered Agent s 13. 1.1 TITLE 1.2 NAME 1.3 STREET A	ADORESS	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	
12. TITLE NAME	Signature, typed or printed name of registered age: OFFICERS AN D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE	nt and title if applicable. (NOTE: ID DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME	ADORESS	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age:  OFFICERS AN  D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325 D	nt and title if applicable. (NOTE: ID DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.4 CITY-ST-2.1 TITLE	ADORESS	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR  Change	, Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325 D KESSELMAN, PATRICIA	nt and title if applicable. (NOTE: ID DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME	NDORESS ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR  Change	, Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age: OFFICERS AN D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325 D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE	nt and title if applicable. (NOTE: ID DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A	ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR  Change	, Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325 D KESSELMAN, PATRICIA	nt and title if applicable. (NOTE:  ID DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST-	ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR  Change  Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age: OFFICERS AN D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325 D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE	nt and title if applicable. (NOTE: ID DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2. 4 CITY-ST- 3.1 TITLE	ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR  Change	, Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age: OFFICERS AN D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325 D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE	nt and title if applicable. (NOTE:  ID DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME	ADDRESS ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR  Change  Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age: OFFICERS AN D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325 D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE	nt and title if applicable. (NOTE:  ID DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A	ADDRESS ZIP  ODRESS .	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTOR  Change  Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age: OFFICERS AN D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325 D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST-	ADDRESS ZIP  ODRESS .	ADDITIONS/CHANGES TO OFFICERS	Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age: OFFICERS AN D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325 D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE	nt and title if applicable. (NOTE:  ID DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 4.1 TITLE 4.1 TITLE 4.1 TITLE 4.1 TITLE 4.1 TITLE	ADDRESS ZIP  ODRESS .	ADDITIONS/CHANGES TO OFFICERS	Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered age:  OFFICERS AN  D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325  D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE DAVIE FL 33325	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME	ADDRESS ZIP  ADDRESSZIP  ADDRESSZIP	ADDITIONS/CHANGES TO OFFICERS	Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered age:  OFFICERS AN  D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325  D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE DAVIE FL 33325	nt and title if applicable. (NOTE:  ID DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A	ADDRESS ZIP  ADDRESSZIP  DDRESSZIP	ADDITIONS/CHANGES TO OFFICERS	Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age:  OFFICERS AN  D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325  D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE DAVIE FL 33325	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 4.1 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A	ADDRESS ZIP  ADDRESSZIP  DDRESSZIP	ADDITIONS/CHANGES TO OFFICERS	Change  Change	Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE	Signature, typed or printed name of registered age:  OFFICERS AN  D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325  D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE DAVIE FL 33325	nt and title if applicable. (NOTE:  ID DIRECTORS  DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 4.1 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.1 TITLE	ADDRESS ZIP  ADDRESSZIP  DDRESSZIP	ADDITIONS/CHANGES TO OFFICERS	Change	Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME  TITLE  NAME  NAME  NAME	Signature, typed or printed name of registered age:  OFFICERS AN  D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325  D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE DAVIE FL 33325	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.1 CITY-ST- 5.1 TITLE 5.2 NAME	ADDRESS ZIP  ADDRESS .ZIP  ADDRESS .ZIP  ADDRESS .ZIP  ADDRESS .ZIP	ADDITIONS/CHANGES TO OFFICERS	Change  Change	Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age: OFFICERS AN D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325 D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE DAVIE FL 33325	nt and title if applicable. (NOTE: ID DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A	ADDRESS ZIP  ADDRESS ZIP  ADDRESS ZIP  ADDRESS ZIP  ADDRESS ZIP  ADDRESS	ADDITIONS/CHANGES TO OFFICERS	Change  Change	Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age:  OFFICERS AN  D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325 D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE DAVIE FL 33325	THE AND THE PROPERTY OF THE PR	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A	ADDRESS ZIP  ADDRESS ZIP  ADDRESS ZIP  ADDRESS ZIP  ADDRESS ZIP  ADDRESS	ADDITIONS/CHANGES TO OFFICERS	Change  Change  Change	Addition  Addition  Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered age: OFFICERS AN D KESSELMAN, ROBERT 681 WILLOW GROVE TERRACE DAVIE FL 33325 D KESSELMAN, PATRICIA 681 WILLOW GROVE TERRACE DAVIE FL 33325	THE AND THE PROPERTY OF THE PR	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST- 2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST- 3.1 TITLE 3.2 NAME 3.3 STREET A 3.4 CITY-ST- 4.1 TITLE 4.2 NAME 4.3 STREET A 4.4 CITY-ST- 5.1 TITLE 5.2 NAME 5.3 STREET A	ADDRESS ZIP  ODRESS .ZIP  DDRESS ZIP  DDRESS ZIP  DDRESS	ADDITIONS/CHANGES TO OFFICERS	Change  Change	Addition  Addition  Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99 (954) 747-3446

**FILED** 

Feb 01, 1999 8:00am

**Secretary of State** 

02-01-1999 90049 008 \*\*\*150.00

PDE034 (11/98)