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

PROFIT
CORPORATION
ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

Apr 24 1997 8:00am

Secretary of State

DOCUMENT # P96000101429 (4)

Principal Place	OBAL PET NET, INC.  ce of Business LVD. DALE FL 33312	Mailing Address 3223 DAVIE BLVD. FORT LAUDERDALE FL 3331	12-2755		
				3. Date Incorporated or Qualified 3 12/17/1996	a. Date of Last Report
<u> </u>	Place of Business	28. Mailing Address		4. FEI Number	Applied For
21 Suite Ant	H ato	26 Suite, Apt. #, etc.		65.0715435	Not Applicable
22 27		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ale	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28   Zip	Country	Trust Fund Contribution L.  8. This corporation has liability for inter-	
24	25	<b>├</b>	30		s No
	9. Name and Address of Curre			10. Name and Address of New Registe	
PATA, MICHAEL 1103 S.E. 15TH STREET			81 Name		•
			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
DEE	ERFIELD BEACH FL 33443		83		
			<b>84</b> City		FL 85 Zip Code
office or agent. I SIGNATURE			uthorized by the corpora rida Statutes.  Registered Agent signature regi	rporation submits this statement for the purporation's board of directors. I hereby accept the	e appointment as registered
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	ALLENSWORTH, RICHARD		12 NAME		
STREET ADDRESS	1505 S.W. 20TH AVENUE FORT LAUDERDALE FL 33312		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	SPENCER, DOUGLAS		2.2 NAME		·, Change C Notinon
STREET ADDRESS	D. O. DOLLARDA		2.3 STREET AUDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33310	1	2.4 CITY - ST-ZIP		
TITLE	STD	DELETE	3.1 TITLE		Change Addition
NAME	PATA, MICHAEL		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DEERFIELD BEACH FL 33443	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME			4.1 TILLE 4.2 NAME		F1 cuasão
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY- ST-ZIP		
TITLE	<b></b>	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREÈT ADDRESS	,		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - \$1 - ZIP		
TITLE		DELETE	6.1 THTLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS	i j	•	6.3 STREET ADDRESS		

14. Ido 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:

DOUGLAS SPENCER

4/18/97

(954) 749-9585