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

PROFIT CORPORATION ANNUAL REPORT

1998

22

23

24

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

4.1 TITLE 4 2 NAME

5.1 TITLE 5.2 NAME

61 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

P97000029740 (2)

DELETE

DELETE

DOCUMENT #

1. Corporation Name CATS & DOGS OF THE PALM BEACHES, INC.

FILED
Mar 24 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address												
1125 OLD DIXIE HWY. UNIT 8				1125 OLD DIXIE HWY, UNIT 8								
LAKE PARK FL 33403			LAKE PARK FL 33403							DO NOT WRITE IN THIS SPACE		
									-	3. Date Incorporated or Qualified		
										03/31/1997		
2. Principal P	lace of Business		2a.	Mailing Addre	SS					4. FEI Number Applied For		
អ				26						65-0746805 Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional		
22			27							Fee Required		
City & State			City & State							6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Co	untry	28	Zip	- 1	Cou	ntrv			This corporation owes or has paid the current year intangible		
24	25	-	29	2.10	3	50]				Personal Property Tax due June 30. Yes No		
		idress of Current R		tered Agent		<u> </u>				10. Name and Address of New Registered Agent		
HA	NLEY, INGA						61	Na me				
1867 WINDSOR DRIVE								Street /	Address	Address (P.O. Box Number is Not Acceptable)		
JUNO FL 33408												
							63					
							84	City		85 Zip Code		
										FL S Zip code		
office or r	egistered agent, or .	Sections 607.0502 a both, in the State of accept the pbligatio	Florid	ia. Such chanc	ie was au	thorized	d by	the corp	corpora poration	ration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered		
SIGNATURE	~ D x		_	N. La	- \					3120170		
SIGNATORE	Signature typed or printed	naint of registered abont a			NOTE:		Ager	nt signature	required v	when reinstating) DATE		
12.	PVST	OFFICERS AND D	IREC	CTORS DE	(170)	13.			т	ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12		
TITLE	HANLEY, ING	1			X)E	1.1 [1]				Change Change		
NAME		E HWY, UNIT 8				1.2 NA		AODRESS				
STREET ADDRESS	LAKE PARK F					1.4 00						
CITY - ST - ZIP	D			□ DEI	LETÉ	2.1 10		Lir		Change Addition		
NAME	HANLEY, ING	4				22 NA	ME					
STREET ADDRESS	1125 OLD DIX	JE HWY, UNIT 8				2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	LAKE PARK F	L 33403				2.40	TY-S	T-ZiP				
TITLE				DEI	LE TE	3.1 TiT				Change Addition		
NAME						3.2 NA	ME					
STREET ADDRESS						3.3 ST	REET	address				
CITY-ST-ZIP						3.4. CI	TY-\$	T-21P	ļ			
TITLE				☐ DEI	LETE	4.1 TIT	TLE .			☐ Change ☐ Addition		

CITY-ST-ZIP 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 empoyered 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.

Change

Change

___ Addition

Addition