**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000044941

1. Corporation Name

PLANETWIDE ENTERPRISES, INC.

**FILED** Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90043 008 \*\*\*150.00



	<del></del>	Mailing Address				\\{\$\$\\\\$	31 118 1811 18 <b>4</b> 11 8 <b>4</b> 11 1	1 <b>3</b> 886 <b>348</b> 86 <b>34</b> 886 1		i <b>8:186</b> : 1989 ( <b>86</b> )	
	ce of Business										
PAWS HAPPY PAWS						)					
	RRISON AVE	1356 S FT HARRISON AVE									
ADMATER FL 33756 CLEARWATER FL 33756							DO NOT WRITE IN THIS SPACE				
		US				,	porated or Qualifed	1			
						05/19/19					
Principal Place of Business 2a. Mailing Address						4. FEI Numbe			A	pplied For	
 		26		_		59-3447	832			lot Applicable	
Suite, Apt	. #, etc	Suite, Apt. #, etc.				5 Codificate a	of Ctatus Davison	. [7	\$8.75	Additional	
		27				5. Certificate C	of Status Desired	. 🗆	Fee F	tequired	
City & Sta	te	City & State				6. Election Ca	mpaign Financing		\$5.00	May Be	
	_	28					Contribution		•	to Fees	
Zip	Country	Zip	Coul	ntry		8 This corpor	ation owes the cu	rent year Inta	angible		
	25	29	30				roperty Tax.		Yes	□No	
~ <del>```</del>	9. Name and Address of Curren		1				Address of New	Registered /	Agent	<del>-</del> -	
				81	Name				<del></del>		
DOE	BIN, BART		Į								
300 NORTH OSCEOLA AVENUE				82 Street		t Address (P.O. Box Number is Not Acceptable)					
	E 6D		}	02				<del></del>			
	ARWATER FL 33755-3919			83							
OLL	WINNIER 1 E 00/00 00/0		í	84	City				85 Zip	Code	
			- 1		,			FL			
-::::UDE	Signature, typed or printed name or registered age	nt and title if applicable (NOTE:	Registøred .	Agent	signature	required when reinstating)	·	DATE			
	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS	CHANGES TO O	FICERS AN	D DIRECT	ORS IN 12	
	P	☐ DELETE	1 1 TIT	LE					☐ Change	☐ Addition	
_	DOBIN, BART		12 NA	ME							
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ST ZIP	CLEARWATER FL 33755-3919		1.4 CITY-ST-ZIP								
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	ANDERSON, LISA K		1	2.1 III.LE 2.2 NAME		)			•		
-	1601 ROSARY RD			-							
I ADDRESS					OORESS		-				
ST-ZIP	LARGO FL 33771	[] OF FIF		2. 4 CITY-ST-ZIP			· · · · · ·			F*** A 1 00 .	
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1	DOBIN, EMMA		3.2 NAME			Dobin Emm	da thre	6D			
I ADDRESS	300 N OSCEOLA AVE 6F		3.3 STF	REETA	DORESS	300 N U >CE	5 to 20 - 6				
ST-ZIP	CLEARWATER FL 33755-3919		3.4. CiT	TY-\$T-	ZIP	Clearwater	1-1 33757	<u>-3919</u>			
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			4. 2 NA	ME							
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			5.2 NA				•			_	
: AUDRESS			5.3 STR	REETA	DDRESS		•		-		
			5.4 CIT					•			
ST-ZIP		☐ DELETE	6.1 TITE			<del></del>			Chanca	□ Add#	
Ì		ר'ז מברבוב					-		Change	Addition	
			6.2 NAM								
I ALIURESS			6.3 STR	REETA	DDRESS						

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 office 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.