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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000050075 (5)

PET'S PARADISE, INC. OF JUNO BEACH

Principal Place of Business Mailing Address 833 DONALD ROSS ROAD 833 DONALD ROSS ROAD JUNO BEACH FL 33408 JUNO BEACH FL 33408

FILED May 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1997 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 758005 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EDLER, BIRGIT A 833 DONALD ROSS ROAD Street Address (P.O. Box Number is Not Acceptable) 82 JUNO BEACH FL 33408 83 84 City Zip Code 11, Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Registered Agent's gnature required when reinstating) Signature: typiod or confed naturial regeneral agent and the idiapplicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition DELETE TITLE 1.1 1111.6 EDLER, BIRGIT A NAME 1.2 NAME CRZEG34 14083 HARBOR LANE STREET ADDRESS 1.3 STREET ADDRESS PALM BEACH GARDENS FL 33410 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY - \$1 - ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP Addition | DELETE ☐ Change TITLE 4 1 THLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE ☐ Addition TITLE 6.1 TITLE 5.2 NAME NAME STREET ADDRESS 63 STREET ADDRESS 6.4 CITY-ST-7(P 14. Thereby certify that the information supplied with this filling closs 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. do