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

PROFIT C RPORATION NUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700066227 (4)

GAIL'S CLAWS TO PAWS PET SITTING, INC.

FILED Feb 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						t samtiant tie idtit iente antit antit antit fatts ditt fatt iff if		
2736 NORTH ANDREWS AVENUE 2736 NORTH ANDREWS AVENUE				UE				
SUITE 185	RDALE FL 33311		SUITE 185 FORT LAUDERDALE FL 33311			DO NOT WRITE IN THIS SPACE		
TON DIODENDATE TE WORK			DALE IL OCCIT			3. Date Incorporated or Qualified		
						07/31/1997		
2. Principal P	lace of Business	2a. Mailing Add	dress			4. FEI Number - Auplied For		
21		26	26			65-0771015 Applicable		
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27	·			Fee Required		
City & State	0	<u></u> ⊢	City & State			6. Election Campaign Financing \$5.00 May Be		
Zip	Country	28		Country		Trust Fund Contribution Added to Fees		
24	25	Zip 29		Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
AM	IERILAWYER CHARTERED		·	81	Name			
343 ALMERIA AVENUE					0			
	RAL GABLES FL 33134		82		Stree	t Address (P.O. Box Number is Not Acceptable)		
- 4	 			83				
					0.4			
				84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Flor	ida Statutes, the	above	-name	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered		
agent. La	egistered agent, or both, in the Sta m f a miliar with, an d a ccept the obl	te of Florida. Such cha igations of, Section 607	nge was authori 7.0505, Florida S	ized by Statutes	the co	rporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE								
	Signature, typed or printed mank of registered a		(NOTE: Regist	lered Age	nt signatu	o required when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STEIN, ERIC A	u		1 TITLE		Change Addition		
NAME OTREST ADDRESS	2736 N ANDREWS AVE, ST	E 195		2 NAME				
STREET ADDRESS	FORT LAUDERDALE FL 333			3 STREET				
CITY-ST-ZIP TITLE	VSD			4 CHY-SI 1 THLE	I - ZIP	Change Addition		
NAME	STEIN, GAIL N			2 NAME		E Change E Racollica		
STREET ADDRESS	2736 N ANDREWS AVE, ST	E 185		a namil 3 Street :	ADDDE CC			
CITY-ST-ZIP	FORT LAUDERDALE FL 333	i 11		4 CITY - S		į		
TITLE		D		1 TITLE	1-211	Change Addition		
NAME			3.3	2 NAME				
STREET ADORESS			3.3	3 STREET A	ADDRESS			
CITY-ST-ZIP				4. CITY-S	_			
TITLE		D		1 TITLE		☐ Change ☐ Addition		
NAME			4.	2 NAME				
STREET ADDRESS			4.3	STREET A	address			
CITY-ST-ZIP	······································			4 CITY-ST	- ZiP			
TITLE		[D	ELETE 5.1	TITLE		☐ Change ☐ Addition		
NAME			5.2	? NAME				
STREET ADDRESS			5.3	STREET A	ADDRESS			
CITY-ST-ZIP				CITY-ST	- ZIP			
TITLE		L V		ITITLE		Change Addition		
NAME CTRCET ADDRESS		•	1	NAME				
STREET ADDRESS				STREET				
14. I hereby co	ertify that the information supplied	with this fluor does not	quality for the c	CITY-ST	on stat	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information		
Indicated d	o n this a nnual renort or sunniomen	dal annu a tacond is to c	i and accurate s	and that	t mu cir	anatura chall have the came local offeet as if made under eath; that I am as		
officer or director of the corporation or the receiver of rustice 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 the attacl ime with an address.								