


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90167 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000028170					
1. Corporation Name CAGE-IT EXOTIC PETS AND SUPPLIES, INC.					
Principal Place of Business 5609 PARK BLVD PINELLAS PARK FL 33781			Mailing Address 5609 PARK BLVD PINELLAS PARK FL 33781		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24					
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29					
3. Date Incorporated or Qualified 03/25/1998					
4. FEI Number 59-3504640					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent ZOLLO-DUFAULT, BARBARA 5609 PARK BLVD PINELLAS PARK FL 33781			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 Florida. 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE D <input type="checkbox"/> DELETE NAME DUFAULT, JEFFERY STREET ADDRESS 5609 PARK BLVD CITY-ST-ZIP PINELLAS PARK FL 33781					
TITLE Vice President <input type="checkbox"/> DELETE NAME Barbara - Zollo - Dufault STREET ADDRESS 3061 Ocean Ave N. CITY-ST-ZIP St Petersburg FL 33707					
TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____					
TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____					
TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____					
TITLE _____ <input type="checkbox"/> DELETE NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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: Barbara Zollo Dufault SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

608940 - 90003 - 37



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)