

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S73986** (9)

1. Corporation Name
PLANTATION PETS, INC.



Principal Place of Business 10011 CLEARY BLVD PLANTATION FL 33324	Mailing Address 10011 CLEARY BLVD PLANTATION FL 33324
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/16/1991		3a. Date of Last Report 07/03/1995	
21		26		4. FEI Number 65-0280501		Applied For ☐ Not Applicable	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

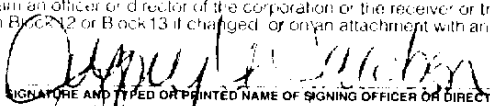
9. Name and Address of Current Registered Agent MORRISON, BILLIE TARNOVE 1330 SE 4TH AVE SUITE D FT LAUDERDALE FL 33316				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85 Zip Code FL

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 _____
(PRINT Name of Registered Agent signing required statement) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE		11 TITLE	☐ Change ☐ Addition		
NAME	JACOBSON, JEFFREY I			12 NAME			
STREET ADDRESS	853 SW 120TH WAY			13 STREET ADDRESS			
CITY - ST - ZIP	DAVE FL			14 CITY - ST - ZIP			
TITLE	D	☐ DELETE		21 TITLE	☐ Change ☐ Addition		
NAME	KESSLER, HILARY			22 NAME			
STREET ADDRESS	4591 CARAMBOLA CIR S			23 STREET ADDRESS			
CITY - ST - ZIP	COCONUT CREEK FL			24 CITY - ST - ZIP			
TITLE		☐ DELETE		31 TITLE	☐ Change ☐ Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY - ST - ZIP				34 CITY - ST - ZIP			
TITLE		☐ DELETE		41 TITLE	☐ Change ☐ Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP				44 CITY - ST - ZIP			
TITLE		☐ DELETE		51 TITLE	☐ Change ☐ Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE		☐ DELETE		61 TITLE	☐ Change ☐ Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **JEFFREY I. JACOBSON** 7/20/96 954 740 802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)