

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northington
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S75451** (2)

1. Corporation Name:
STAY AT HOME PETS, INC.

Principal Place of Business: **7441 S.W. 53RD PLACE MIAMI FL 33143**
Mailing Address: **7441 S.W. 53RD PLACE MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/19/1991	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0286778	Not Applicable
24 Zip		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DAVISON, THOMAS, IV 228 VALENCIA AVENUE CORAL GABLES FL 33134				b1 Name			
				b2 Street Address (P.O. Box Number is Not Acceptable)			
				b3			
				b4 City FL b5 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 _____
Signature Agent (corporation), Registered Agent with the State of Florida, or Registered Agent of other registered agent(s)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	VSD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLIN, TARA	2. NAME	
STREET ADDRESS	6100 S.W. 108TH STREET	3. STREET ADDRESS	
CITY, ST., ZIP	MIAMI FL	4. CITY, ST., ZIP	
TITLE	PTO	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, ANN MARIE	22. NAME	
STREET ADDRESS	7441 S.W. 53RD PLACE	23. STREET ADDRESS	
CITY, ST., ZIP	MIAMI FL	24. CITY, ST., ZIP	
TITLE		33. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		34. NAME	
STREET ADDRESS		35. STREET ADDRESS	
CITY, ST., ZIP		36. CITY, ST., ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST., ZIP		44. CITY, ST., ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST., ZIP		54. CITY, ST., ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 199.032(1)(a), Florida Statutes. I do hereby certify that the information supplied on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made voluntarily. I am an officer or director of the corporation or the officer in charge of the preparation of this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of the report or on an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ann Marie Crawford
 May 1, 1995
 JCS 666 3578