FILE NOW: FILING FEE AFTER MAY 1ST IS \$1.00

Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENISTATE Secretary of State CORPORATION Sandra B. Mort **ANNUAL REPORT** Secretary of Sti 1998 **DIVISION OF CORPOONS DOCUMENT # V57888** (2)A PET'S PLACE, INC. Principal Place of Business Mailing Address 1011 STATE ROAD 84 1011 STATE ROAD 84 FORT LAUDERDALE FL 33315 FORT LAUDERDALE FL 33315 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1992 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0348485 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation owes or has paid the current year Inlangible Zip Coly Country Zip Yes Personal Property Tax due June 30. 24 25 29 30[10. Name and Address of New Registered Agent Name and Address of Current Registered Agent SALZLEIN, ROBERT A. 1011 STATE ROAD 84 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33315 Zip Code 85 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the love-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 authority 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 States. SIGNATURE Signature, typed or printed name Ungistered agent and little if applicable Robert SIGNATURE (NOTE: Regreed Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. Addition Change DELETE TITLE TITLE SALZLEIN, ROBERT A. NAME HAME 1011 STATE ROAD 84 ATREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 1\$ITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE TITLE SALZLEIN, LORAINE NAME 23 AME 1011 STATE ROAD 84 STREET ADDRESS 2.STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE TITLE NAME SHAME STREET ADDRESS 3.\$TREET ADDRESS CITY-ST-ZIP 3. CHY-ST-ZIP Change Addition DELETE TITLE 4, FITLE NAME 4 2NAME STREET ADDRESS 43STREET ADDRESS CITY-ST-ZIP 4.4.11Y-ST-ZIP ☐ Change Addition DELETE TITLE 5.1 TLE NAME AME STREET ADDRESS REE1 ADDRESS CITY-ST-ZIP Y-\$1-71P Addition Change DELETE TITLE NAME REET ADORESS STREET ADDRESS emption stated in Section 119.07(3)(i). Florida Statulos, I further certify that the information of that my signature shall have the same logal effect as if made under eath; that I am an this report as required by Chapter 607, Florida Statules, and that my name appears in 14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is true and accurate a officer or director of the corporation or the receiver or trustee empowered to execut Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE

Robert A. Salalain Pres.

SIGNATURE:

FILED