

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V71944 (5)
1. Corporation Name
CRAZY ABOUT PETS, INC.



Principal Place of Business 3200 N. FEDERAL HWY. FT. LAUDERDALE FL 33306 US	Mailing Address 3200 N. FEDERAL HWY. FT. LAUDERDALE FL 33306 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2056 EAST OAKLAND PARK BLVD. Suite, Apt. #, etc. 22 City & State 23 FORT LAUDERDALE, FLA. Zip 24 33306 Country 25 U.S.		2a. Mailing Address 26 6202 N.W. 45 AVE. Suite, Apt. #, etc. 27 City & State 28 COCONUT CREEK, FLA Zip 29 33073 Country 30 U.S.		3. Date Incorporated or Qualified 10/19/1992	4. FEI Number 65-0319536 Applied For Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MALIN, DAVID
3200 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name MALIN, DAVID	82 Street Address (P.O. Box Number is Not Acceptable) 6202 N.W. 45 AVE	83	84 City FORT LAUDERDALE	85 Zip Code 33073
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11. Pursuant to the provisions of Sections 607.0507 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

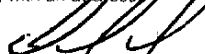
DATE

4-5-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MALIN, DAVID	1.2 NAME	MALIN, DAVID
STREET ADDRESS	3851 INVERRARY	1.3 STREET ADDRESS	6202 N.W. 45 AVE.
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	FORT LAUDERDALE FL. 33073
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:



4-5-98

(954)863-1644

CR2E034 (10/97)