

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1012

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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97 AUG -7 PM 12: 50

DOCUMENT # H68745 (9)
 1. Corporation Name
VILLAGE ANIMAL HOSPITAL BARRY H. COLE D.V.M., P. A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1340 PALM BAY RD.N.E. PALM BAY FL 32905	Mailing Address 1340 PALM BAY RD.N.E. PALM BAY FL 32905
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/25/1985	3a. Date of Last Report 02/27/1996
21	22	23	24	4. FEI Number 59-2555648	Applied For <input type="checkbox"/> Not Applicable
25		26		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
27		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLE, BARRY H. 1340 PALM BAY RD.,N.E. PALM BAY FL 32905				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	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	700002264517 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, BARRY H.	1.2 NAME	-08/12/97--01059--008
STREET ADDRESS	3681 CARRIAGE GATE DR	1.3 STREET ADDRESS	***165.00 ***165.00
CITY-ST-ZIP	WEST MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, CHARLOTTE	2.2 NAME	
STREET ADDRESS	3681 CARRIAGE GATE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL	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	Barry Cole	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 _____ SIGNATURE _____
 8-4-97

CR2E034 (4/97)



VILLAGE ANIMAL HOSPITAL
&
BIRD CLINIC

2082
7-21-97

To whom it may concern,

In Saturday July 19th's mail, I received a 2nd notice of Corporate Filing Fee being due.

The paperwork was filled out signed by Barry Cole and a check for \$165.00 was sent to your office on January 3, 1997. I have enclosed a photocopy of this paperwork and a copy of the check stub.

I called your office and spoke to Doug on July 21, 1997 and he said for me to write this letter attach another check for \$165⁰⁰ and the copies of the original work, as well as to ask if you would please file this as not delinquent since I wrote the check, mailed all paperwork in more than a timely fashion.

Thank-You

Elizabeth Tateist