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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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171

1. Corporation AVIAN	& ANIMAL HOSPITAL OF	\				DIRIK BIRIK BIRIK BIRIK BIRIK 1844
Principal Place of Business Mailing Address					}	BIGIN BIGIN DIGIN BIGIN BIBIN 1991
C/O BARTLETT, LUCY W C/O BARTLETT, LUCY W						
11405 STARKEY ROAD 11405 STARKEY RD						
LARGO FL 33773 LARGO FL 33773					DO NOT WRITE IN THIS SPACE	
US		U\$			 Date Incorporated or Qualified 03/16/1987 	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21 26				59-2803720	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional
27					5. Certificate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip			\vdash	ıry	8. This corporation owes or has paid the	current year Intangible
24	25 29 30 g, Name and Address of Current Registered Agent		1301		Personal Property Tax due June 30. 10. Name and Address of New Register 10. Personal Property Tax due June 30.	
RΔ	RTLETT, LUCY W.		- 6	1 Name		
	20 NELLIE ST		ـ ا	A B C C C C C C C C C C	(D 0 D 1)	
	RGO FL 34644		82 Stre		ress (P.O. Box Number is Not Acceptable)	
			8	13		
			8	4 City		85 Zip Code
		0500 1007 1500 51 11 01				-L 65 ZID COO6
office or r	to the provisions of Sections 607. registered agent, or both, in the Si am familiar with, and accept the ot	tate of Florida. Such chang e wa s	authorized	by the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
SIGNATURE						
42	Signature, typed or printed name of registered	d agent and liftle if applicable (NC AND DIRECTORS		Agent signature requir	red when reinstating) DAT	<u> </u>
12.			13.		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	LIGHT CONT. TERROR I		1.2 NAM	}		
STREET ADDRESS	ALCA LIGARILITIES OF			ET ADDRESS		
CITY-ST-ZIP	SEMBOLE EL			- ST- ZIP		
TITLE			2.1 TITLE			Change Addition
NAME	BENEDICT, DEBORAH K. 221		2.2 NAM	E		
STREET ADDRESS	40444 DODEO DD		2.3 STRE	ET ADDRESS	gradient date	
CITY-ST-ZIP			2.4 CITY	'-ST-ZIP		
TITLE	-		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAM	E		
STREET ADDRESS	AT DETERORUPO FI		- 8	ET ADDRESS		
CITY-ST-ZIP	<u></u>		_	-ST-ZIP		D 05
TITLE			4.1 TITLE	-		☐ Change ☐ Addition
NAME	BARTLETT, LUCY W 2320 NELLIE ST		4, 2 NAV			
STREET ADDRESS	4.500 =:			ET ADDRESS		
CITY-ST-ZIP TITLE			4.4 CITY 5.1 TITLE			Change Addition
NAME !			5.1 MAM	i		C Outside C Vanduton
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP						
TITLE			5.4 CITY 6.1 TITLE			Change Addition
NAME			6.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY-			}

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

FILED

Mar 13 1998 8:00am

Secretary of State