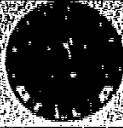


PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 JUL -7 AM 9:16

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P94000015043 (0)

1. Corporation Name
AMERICAN RODENT AND SMALL ANIMAL CONTROL, INC.

Principal Place of Business
**811 E. HILLSBORO BLVD.
 BLDG. D
 DEERFIELD BEACH FL 33441**

Mailing Address
**811 E. HILLSBORO BLVD.
 BLDG. D
 DEERFIELD BEACH FL 33441**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/24/1994	3a. Date of Last Report
4. FEI Number 65-0459581	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
7. This corporation has liability for intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
**BUTLER, BRUCE S
 7101 WEST MC NAB ROAD
 SUITE 103
 TAMARAC FL 33321**

10. Name and Address of New Registered Agent
 81 Name **JOSEPH MELONI**
 82 Street Address (P.O. Box Number is Not Acceptable)
811 E. HILLSBORO BLVD
 83 **Suite 206**
 84 City **Deerfield Beach** **FL** 85 Zip Code **33441**

11. Pursuant to the provisions of Sections 607.052 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 *Joseph Meloni* **JOSEPH MELONI** **6/29/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **Date**

12. OFFICERS AND DIRECTORS	
TITLE D	MELONI, RICHARD
NAME	811 E. HILLSBORO BLVD., BLDG. D
STREET ADDRESS	DEERFIELD BEACH FL 33441
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), 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 explanation.

SIGNATURE: *Richard Meloni* **305-480-9400**
Signature and typed or printed name of signing officer or director **Date** Daytime Phone #

CR2ED34 (3/95)