

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

FILED

Feb 10 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthern  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 198775 (9)  
1. Corporation Name  
PARAMEX VETERINARY SUPPLY AND MANUFACTURING, CO.



Principal Place of Business  
38 CURTIS PARKWAY  
MIAMI SPRINGS FL 33160

Mailing Address  
38 CURTIS PARKWAY  
MIAMI SPRINGS FL 33160-5210

3. Date Incorporated or Qualified 12/31/1956  
3a. Date of Last Report 08/07/1996  
4. FEI Number 59-0788562  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

STADNIK, CATHERINE S  
485 DEER RUN  
MIAMI SPRINGS FL 33008

10. Name and Address of New Registered Agent

81 Name SUSAN A. HAWKE  
82 Street Address (P.O. Box Number is Not Acceptable) 482 EAST 35 STREET  
83  
84 City HIALEAH FL 85 Zip Code 33013

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Susan A. Hawke*

1-16-97

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input checked="" type="checkbox"/> DELETE
NAME	STADNIK, CATHERINE E	
STREET ADDRESS	485 DEER RUN	
CITY - ST - ZIP	MIAMI SPRINGS FL 33008	
TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	SUSAN A. HAWKE	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PSTD
2.3 STREET ADDRESS	SUSAN A. HAWKE
2.4 CITY - ST - ZIP	482 EAST 35 STREET HIALEAH, FL 33013
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 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:

*Susan A. Hawke*

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-97

887-3420

Date

Daytime Phone #

CR2E034 (9/96)