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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 454478

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

M.W. CHENEY, D.V.M, P.A.

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90027 039 ***150.00



Principal Place of Business Mailing Address						- I i bū šili ārēd i dirre dibili pibil rabel ren aren r	IEST GLOTE BEBEF A	· 6)(6) 6
5120 NORTH HILLS DRIVE 5120 NORTH HILLS DRIVE							•	
HOLLYWOOD FL 33021 HOLLYWOOD FL 33021						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	JI AUL	·
						06/10/1974		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Apr	plied For
21		26				59-1534968	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	\$8.75 A	dditional
22		27				5. Certifcate of Status Desired	Fee Re	quired
City & State	е	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year In		_
24	25		30			Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent		31	Mana	10. Name and Address of New Registered	Agent	
CHE	NEV MW		ľ	ויי	Name			
CHENEY, M.W. 5120 NORTH HILLS DRIVE			1	32	Street Addre	ess (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33021			L.					
1101	E11100D E 330E1		1,	33				
				84	City	Light and Level FL	■ 1 2 ·	
11. Pursuant	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes	s, the ab	ove	-named corpo	ration cubmite this statement for the nurnose of	changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut ations of, Section 607.0505, Flori	thorized I da Statut	oy t es.	the corporation	n's board of directors. I hereby accept the appo	nument as reg	gistered
SIGNATURE		•						1
Signature, typed or printed name of registered agent and title if applicable, (NOTE:				gent	t signature required			
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELETE	1.1 TITL			•	Change	Addition
NAME	CHENEY, M.W.		1 2 NAM	E			•	
STREET ADDRESS	5120 NORTH HILLS DRIVE		1.3 STR	EET.	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-5		r-zip			- A 3 100 - 1
TITLE	VST DELETE		2.1 TITLE				Change	Addition
NAME	CHENEY, M.W.		2.2 NAM	Œ				
STREET ADDRESS	5120 NORTH HILLS DRIVE		2.3 STR	EET	ADDRESS			1
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CIT		T-ZIP		<u>:</u>	P 4 1 100
TITLE		☐ DELETE	3.1 TITL	E	1		☐ Change	Addition
NAME			3.2 NAM	15	:		·	
STREET ADDRESS			3.3 STR	EET.	ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-\$1	T-ZIP			
TITLE		☐ DELETE	4.1 TITL	E			Change	☐ Addition
NAME			4, 2 NAJ	ΚE				
STREET ADDRESS			4.3 STR	EET	ADDRESS			Í
GITY-ST-ZIP			4.4 CIT	-ST	r-ZIP		<u>-</u>	
TITLE		☐ DELETE	5.1 TITL	E			☐ Change	☐ Addition
NAME			5.2 NAM	ŧΕ			•	
STREET ADDRESS			5.3 STR	EET	ADDRESS			Į
CITY-ST-ZIP			5.4 CIT		T-ZIP		<u>. </u>	
TITLE		☐ DELETE	6.1 TITL	Ē			Change	☐ Addition

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, with all other like empowered.

64 CITY-ST-ZIP

6.3 STREET ADDRESS