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 # 604047

1. Corporation Name

JAMES W. POOL, D.V.M., P.A.

Mar 14, 1999 8:00 am Secretary of State

03-14-1999 90020 050 ***150.00



						İ			
Principal Place of Business Mailing Address								ALUIA DIBIL DIBI	(BINA) BINA TENI
		5833 HALLANDALE BC				I			
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023			5				DO NOT WRITE IN THIS	SPACE	
							3. Date Incorporated or Qualifed		
						İ	01/05/1973		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Applied For
21		26					59-1427151	-	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75	Additional
22		27					5. Certifcate of Status Desired	Fee F	Required
City & State	9	City & State					6. Election Campaign Financing	\$5.0	May Be
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Соц	intry			8. This corporation owes the current year In	ıtangible	i
24	25	29	30				Personal Property Tax.	□Yes	□No
	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Registered	Agent	<u> </u>
				81	Name	J	Transfer of the	•	
POOL, JAMES W.				82	Stree	t Addres	ss (P.O. Box Number is Not Acceptable)		
5833 HALLANDALE BEACH BLVD									
HOLI	YWOOD FL 33023	×		83					
				84	City			85 Zip	Code
					,		Fl	-	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 					the con	d corpor poration	ration submits this statement for the purpose or is board of directors. I hereby accept the apport	f changing it intment as a	ts registered registered
SIGNATURE							<u></u>		
	Signature, typed or printed name of registered age	· · · · · · · · · · · · · · · · · · ·	NOTE: Registered		t signature	required v			
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P	☐ DELETE	4			1		Change	- Madition
NAME	POOL, JAMES W	_	. 1.2 ณ	AME					
STREET ADDRESS	5833 HALLANDALE BCH BLVI	9	1.3 \$	TREET	ADDRESS	3			
CITY-ST-ZIP	HOLLYWOOD FL			ITY-ST	r-ZIP				FT & delica
TITLE	\$	☐ DELETE	2.1 T	TLE			•	Change	e
NAME	POOL, NANCY L		2.2 N	AME					
STREET ADDRESS	3920 WILSON ST		235	TREET	ADDRESS	١ }			
CITY-ST-ZIP	HOLLYWOOD FL			ITY-S	T-ZIP	↓			
TITLE	T	☐ DELETE	3.1 T	TLE			•	☐ Change	e ☐ Addition
NAME	POOL, JOE M		3.2 N	AME					'
STREET ADDRESS	100 WILLIAMS ST		3.3 S	TREET	ADDRESS	3			i
CITY-ST-ZIP	MILTON FL		3.4. C	ITY-S	T-ZIP	<u> </u>			
TITLE		☐ DELETE	Ē 4.1 Tī	ITLE				Change	e Addition
NAME			4. 2 N	IAME				•	
STREET ADDRESS			4.3 S	TREET	ADDRESS	3			j
CITY-ST-ZIP			4.4 C	ITY-S	r-ziP				
TITLE		☐ DELETE				1		☐ Change	e ☐ Addition
NAME			5.2 N	AME		1			
STREET ADDRESS			5.3 S	TREET	ADDRESS	à			
CITY-ST-ZIP			5.4 C	ITY-S1	T-Z)P	<u> </u>			
TITLE		☐ DELETE	6.1 T	ΠLE				☐ Change	Addition
NAME			6.2 N	AME					i
STREET ADDRESS			6.3 S	TREET	ADDRESS	3			
CITY-ST-ZIP			6.4 C	TY-S	r-Z1P	1			

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 apprecia, with all other like empowered.

SIGNATURE: