

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Samuel B. Wolfson
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # **605148** (6)

KARL P. ACHENBACH, D.V.M., P.A.

APPROVED
MAY 1 1995 10:04
TALLAHASSEE, FLORIDA

1. Mailing Address 0692 NW 7TH CIR #17-23 PLANTATION FL 33324 US 740 REGATTA RD. P.O. BOX 9574		2. Mailing Address 0692 NW 7TH CIR #17-23 PLANTATION FL 33324 US P.O. BOX 9574		3. Date Incorporated or Qualified 05/03/1974		3a. Date of Last Report 05/01/1994	
21. Mailing Address 12390 N.W. 18 STREET 12390 N.W. 18 STREET		26. Mailing Address 12390 N.W. 18 STREET 12390 N.W. 18 STREET		4. FEI Number 59-1517309		Applied For Not Applicable	
22. City & State PLANTATION FL 33324 NAPLES FL 33940		27. City & State PLANTATION FL 33324 NAPLES FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State PLANTATION FL 33324 PEMBROKE PINES FL 33026		28. City & State PLANTATION FL 33324 PEMBROKE PINES FL 33026		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Name and Address of Current Registered Agent ACHENBACH, KARL P. P.O. BOX 9574 12390 N.W. 18 STREET NAPLES FL 33940 COLLIER 33941-9547		25. Name and Address of Current Registered Agent ACHENBACH, KARL P. P.O. BOX 9574 12390 N.W. 18 STREET NAPLES FL 33940 COLLIER 33941-9547		29. Name and Address of New Registered Agent ACHENBACH, KARL P. P.O. BOX 9574 12390 N.W. 18 STREET NAPLES FL 33940 COLLIER 33941-9547		30. Name and Address of New Registered Agent ACHENBACH, KARL P. P.O. BOX 9574 12390 N.W. 18 STREET NAPLES FL 33940 COLLIER 33941-9547	
81. Name COLLIER		82. Street Address (If Box Number, Not Applicable) 740 REGATTA RD. NAPLES FL 33940		83. City NAPLES		84. State FL	

11. I, the undersigned, in the presence of two or more disinterested witnesses, do hereby certify that the above named corporation has made this statement for the purpose of changing its registered office to the address specified herein as the State of Florida. Such change was authorized by the corporation's board of directors, I hereby consent the appointment as registered agent. I am the president and principal officer of the corporation of the State of Florida.

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN:	
1. NAME	PD ACHENBACH, KARL P.	1. NAME	P.O. BOX 9574 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	9092 NW 7TH CIR, #17-23	2. NAME	NAPLES, FL 33941-9547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. CITY	PLANTATION FL	3. NAME	12390 N.W. 18 STREET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. STATE	FL	4. NAME	PEMBROKE PINES FL 33026 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	740 REGATTA RD. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS		6. NAME	NAPLES FL 33940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
7. CITY		7. NAME	
8. STATE		8. NAME	
9. NAME		9. NAME	
10. STREET ADDRESS		10. NAME	
11. CITY		11. NAME	
12. STATE		12. NAME	
13. NAME		13. NAME	
14. STREET ADDRESS		14. NAME	
15. CITY		15. NAME	
16. STATE		16. NAME	

14. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated on, and for the State of Florida. I further certify that the information supplied on this annual report or supplemental annual report is true and correct and that the signed officer is the same legal officer as if made under oath. I am the president and principal officer of the corporation of the State of Florida and I hereby consent to the report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers and directors of the corporation as of the date of filing.

SIGNATURE: *Karl P. Achenbach* 4/20/95 813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR