SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 643

643492

(2)

HAROLD F. ALBERS, D.V.M., P.A.

FILED Jul 30 1998 8:00am Secretary of State



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3. Date Incorporated or Qualified 11/01/1979 21	st. Petersbu	IRG FL 33704	ST. PETERSBURG FL 3370	4		DO NOT WRITE IN THIS SPACE
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ALBERS, HAROLD F., D.V.M. 1401 4TH \$TREET NORTH ST. PETERSBURG FL 33704 11. Pursuant to the provisions of sections 607 0502 and 607 1508. Finds Statutes the above-named corporation submits this statement for the purpose of changing its register segent. I am femiliar with, and accept the obligations of, section 607 0505, Finds Statutes the above-named corporation submits this statement for the purpose of changing its register segent. I am femiliar with, and accept the obligations of, section 607 0505, Finds Statutes the above-named corporation submits this statement for the purpose of changing its register segent. I am femiliar with, and accept the obligations of, section 607 0505, Finds Statutes. SIGNATURE 12. OFFICIENTS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT 12 AME STREET ADDRESS STREET	′	<u> </u>	Zip		/	8. This corporation owes or has paid the current year intangible
ALBERS, HAROLD F., D.V.M. 1401 4TH \$TREET NORTH ST. PETERSBURG FL 33704 11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its register eyers. I am familiar vist, and accept the obligations of, sections 607.0502 and 607.1508, Florida Statuties, the above-named corporation's board of directors. I hereby accept the appointment as register eyers. I am familiar vist, and accept the obligations of, section 607.6505 florida Statuties. SIGNATURE Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of repitiend agent and still it applicable. Sepatian, Special or protect name of register depends agent supmit agent and still it applicable. Sepatian, Special or protect name of registered agent supmit agent advantages and still it applicable. Sepatian, Special or protect name of registered agent supmit agent advantages and still it applicable. Sepatian, Special or protect name of registered agent s	24			30		
ALBERS, HAROLD F, DV M 1401 4TH STREET NORTH ST. PETERSBURG FL 33704 82 Street Address (P.O. Box Number is Not Acceptable) 83 March Ma			nt Registered Agent	0.4	T	10. Name and Address of New Registered Agent
ST. PETERSBURG FL 33704 83 84					Name	
B3				82 Street		dress (P.O. Box Number is Not Acceptable)
11. Pursuant to the provisions of sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I member with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature. Typed or preliad name of registered agent and title if explicitude. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 12 NAME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I 12 NAME 12. OFFICERS AND DIRECTORS I 13 NAME 13. STREET ADDRESS I 1401 4TH STREET NORTH 14. STREET ADDRESS I 1401 4TH STREET NORTH 15. STREET ADDRESS I 1401 4TH STREET NORTH I 1401 4	ST.	PETERSBURG FL 33704				100.1.00
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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 register 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 register agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE				84	City	85 Zip Code
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i) Floride Statutes I further certify that the information	14. I hereby ce	erlify that the information supplied with	this filing does not qualify for th	e evemption	stated in so	ection 119 07/3/ii) Floride 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.	an officer of	on this a nnual report or supplemental or dire ctor of the corporation or the re 2 or Block 13 if changed, or on an atta	annual report is true and accura ceiver or trustee empowered to achment with an address.	ate and that execute this	my signatur	a shall have the same legal effect as if made under eath: that I am

HAROLD F. ALBERS, D.V.M.

1401 4th Street North St. Petersburg, Florida 33704-4409



6 JULY 1998

DIVISON OF CORPORATIONS ANNUAL REPORTS FILINGS P O BOX 1500 TALLAHASSEE, FL. 32302-1500

TO WHOM IT MAY CONCERN;

TODAY I AM IN RECEIPT OF A SECOND NOTICE FOR THE 1998 PROFIT CORPORATION ANNUAL REPORT PACKET. OUR RECORDS INDICATE THAT WE HAD NOT RECEIVED THE FIRST NOTICE.

UPON CALLING YOUR OFFICE, I WAS INFORMED TO RETURN THE FORM AND REMIT \$150.00.

THANK YOU IN ADVANCE FOR YOUR TIME AND CO-OPERATION.

SINCERELY;

HAROLD F. ALBERS, DVM