

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **746758** (2)

1. Corporation Name

SOCIETY OF AQUATIC VETERINARY MEDICINE, INC.



Principal Place of Business

Mailing Address

2825 AUSTRALIAN AVE.
WEST PALM BEACH FL 33407

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WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified
04/16/1979

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2389593

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, ERNEST K. DR.
2825 AUSTRALIAN AVE.
W. PALM BEACH FL 33407

81 Name

82 Street

83

84 City

**Ernest Smith
S 18541 SE Heritage Dr.
Tequesta FL 33469**

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PD ☐ DELETE
NAME: JACK, DR. ROBERT
STREET ADDRESS: 4250 E. CHAPMAN AVENUE
CITY-ST-ZIP: ORANGE CA

TITLE: VD ☐ DELETE
NAME: EMMETT, JAMES
STREET ADDRESS: 6525 W. 28TH STREET
CITY-ST-ZIP: GREELEY CO

TITLE: D ☐ DELETE
NAME: PADOVER, JON D
STREET ADDRESS: 400 WESTERN AVENUE
CITY-ST-ZIP: MORRISTOWN FL

TITLE: TD ☐ DELETE
NAME: CROPPER, SUSAN P.
STREET ADDRESS: 310 NEWTOWN RD
CITY-ST-ZIP: WYCKOFF NJ

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 201-444-0750
Date Daytime Phone #

CR2E037 (12/95)