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

**CORPORATION** ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F46638

(5)

SCOTT J. SWERDLIN, D.V.M., P.A.

		1.

## **FILED** Apr 20 1998 8:00am Secretary of State



Principal Place of Business  1312\$ SOUTHFIELDS RD WEST PALM BEACH FL 33414 US  2. Principal Place of Business 21 Suite, Apt. W. etc.		Mailing Address 13125 SOUTHFIELDS ROAD WEST PALM BEACH FL 33414 US  28. Mailing Address 26 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 09/29/1981  4. FEI Number 59-2138456  5. Certificate of Status Desired  \$8.75 Additional Fee Required Fee Required Fee Required				
City & State	9	City & State					Election Campaign Financing     Trust Fund Contribution	\$5.00	
Zip	Country 25	28 Zip	Co.	intry	,		Trust Fund Contribution  This corporation owes or has paid the Personal Property Tax due June 30.		
[4]	9. Name and Address of Curre	1==1	[30]				10. Name and Address of New Register		110
131	/ERDLIN, SCOTT J 125 SOUTHFIELDS ROAD IST PALM BEACH FL 33414			81 82 83			s (P.O. Box Number is Not Acceptable)	FL 85 Zip (	Code
11, Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the oblig signature, typed or profes name of registered ag	gations of, Section 607.0505	atutes, the al vas authorize 5, Florida Stat (NOTE Registere	tute	8.		ation submits this statement for the purpos is board of directors. I hereby accept the	se of changing it appointment as	s registered registered
12.		ND DIRECTORS	(NOTE Hagistere	d Age	ini signatu	ne required w	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	PVS	DELETE	13.11	TLE				☐ Change	Addition
NAME	SWERDLIN, SCOTT J.		1.2 N	AME					
STREET ADDRESS	13125 SOUTHFIELDS RD		1.3 \$1	TREET	ADDRESS	š			
CITY - ST - ZIP	W. PALM BEACH FL				ST-ZIP				
TITLE	CUESCO IN COOTT I	☐ DELÊTE	21 1∤			}		Change	Addition
NAME	SWERDLIN, SCOTT J. 13125 SOUTHFIELDS RD		2.2 N			_			i
STREET ADDRESS	W. PALM BEACH FL				ADDRESS	اد			
CITY-ST-ZIP TITLE	W. I AGN GENOTITE	DELETE	3.1 TI		ST-ZIP		110	Change	Addition
NAME		_	32 N/			1		_ ,	_ i
STREET ADDRESS			3.3 \$1	TREET	ADDRESS	s			
CITY - \$1 - ZIP			3.4 C	HY-S	ST - ZIP				
TITLE		DELETE	4.1 11	TLE		7		Change	Addition
NAME			4.2 N	IAME					
STREET ADDRESS			4.3 ST	TREET	ADDRESS	ŝ			
CITY-ST-ZIP		T nr. ere			T-ZIP			Chance	Addition
TITLE		☐ DELÊTE	5.1 Tł			}		Change	Addition
NAME STREET ADORGO			52 N/		ABBBERG				ļ
STREET ADDRESS					ADDRESS	'			-
CITY - ST - ZIP TITLE		DÉLETE	5.4 CI 6.1 TI		ST-ZIP	+		Change	Addition
NAME	L.		5.2 N/			1			
STREET ADDRESS				-	ADDRESS	s			

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 eath; that I am an officer or director of the corporate 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 charged, or be an attachment with an address.