SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/88: \$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

73366

(9)

ED VELASCO, D.V.M., P.A.

CITY-ST-ZIP

FILED Jul 08 1998 8:00am Secretary of State

Principal Plac	e of Business BLVD, FL 32065-5721	Mailing Address 760 BLANDING BLVD. ORANGE PARK FL 32065-572	и		
			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 04/01/1982	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2172384	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid t	
24	25 9, Name and Address of Cur		30	Personal Property Tax due June 30 10. Name and Address of New Regis	
VELA	ASCO, ED	rent Kodistelen Whent	81 Name	to. Name and Address of New Regis	stered Agent
	BLANDING BLVD.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIDDLEBURG FL 32068			62 Street Addre	iss (P.O. Box Number is Not Acceptable)	
			83		
			84 City		FL 85 Zip Code
11. Pursuan	t to the provisions of sections 607.0	502 and 607 1508. Florida Statutes	the above-named cornors	ation submits this statement for the purpos	
i office or	registered agent, or both, in the St am familiar with, and accept the ob	ate of Florida. Such change was au oligations of, section 607.0505, Flori	thorized by the corporatio	n's board of directors. I hereby accept the	pappointment as registered
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DP8	DELETE	1.1 TITLE		Change Addition
NAME	VELASCO, ED		1.2 NAME		
STREET ADDRESS	760 BLANDING BLVD. ORÅNGE PK FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ONNIGE IN TE		1.4 CITY-ST-ZIP 2.1 TITLE		<u> </u>
NAME		L_) DELETE	2.2 NAME		Change Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Песьет	3.4 CITY-ST-ZIP 4.1 TITLE		<u> </u>
NAME		L DELETE	4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		{
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	 	<u> </u>	5.4 CITY-ST-ZIP		
TITLE		DELETÉ	6.1 TITLE		Change Addition
NAME ATREET ADDRESS			6.2 NAME		

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, open an attachment with an address.

NATURE 2/3. Jalenne 110 7/2/98 904-272-787

CR2E034 (5/98)