



FILED

Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Mar 04 1997 8:00am Secretary of State	
DOCUMENT # F83032 (5) 1. Corporation Name CONSTANCE MENERING, D.V.M., P.A.					
Principal Place of Business 2600 NEW HAVEN AVE WEST MELBOURNE FL 32904		Mailing Address 2600 NEW HAVEN AVE WEST MELBOURNE FL 32904-3702		3. Date Incorporated or Qualified 05/27/1982	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3a. Date of Last Report 04/12/1996	
9. Name and Address of Current Registered Agent MITCHELL, BRUCE A 1825 SOUTH RIVERVIEW DRIVE MELBOURNE FL 32901		10. Name and Address of New Registered Agent 81 Name VICTOR S. KOSTRO 82 Street Address (P.O. Box Number is Not Acceptable) 1825 SOUTH RIVERVIEW DR. 83 84 City MELBOURNE FL 85 Zip Code 32901			
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 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 607.0505, Florida Statutes. SIGNATURE: Victor S. Kostro DATE: 02-26-97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE: DPS NAME: MENERING, CONSTANCE STREET ADDRESS: 2600 NEW HAVEN AVENUE CITY-ST-ZIP: W MELBOURNE, FL 00000 [] DELETE [] DELETE [] DELETE [] DELETE [] DELETE			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 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, or on an attachment with an address. SIGNATURE: Constance Menering DATE: 2/26/97 (407) 733-1571					

CH2E034 (9/96)