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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F83032

(5)

CONSTANCE MENGERING, D.V.M., P.A.

**FILED** Mar 04 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 2600 NEW HAVEN AVE WEST MELBOURNE FL 32904 WEST MELBOURNE FL		Mailing Address		1 SOOLING HOL COLON SELLE DOLLE EILE	4 godtide nich tereb kitt banka title eibt fitbet annt anni miet anni miet anni	
				3. Date Incorporated or Qualifie 05/27/1982	3a. Date of Last Report 04/12/1996	
2. Principal Piace	of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2196733	Not Applicable	
Suite, Apt. #. etc	C	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		City & State	187 11-1-1		Fee Required	
City & State 23				6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , , ,	
[ <b>23</b> ] Zip	Country	28   Zip	Country	Trust Fund Contribution	Added to Fees for intangible tax under s. 199.032,	
24	25	29	30	Florida Statutes	Tyes No	
	Name and Address of Curre			10. Name and Address of New		
MITCHEL	L, BRUCE A		81 Nami	Victor 5.	V - 550-	
	UTH RIVERVIEW DRIVE		82 Stree	t Address (P.O. Box Number is Not Accept	Kostro	
	RNE FL 32901		02 Stree	1825 South R	IVERVIÈW DR.	
			83			
			84 City		Tag   Zin Code	
			84 City	MELBOURNE	FL 85 Zip Code 3290/	
11. Pursuant to the	e provisions of Sections 607.05	502 and 607 1508, Florida St	atutes, the above-name	ed corporation submits this statement for the	ne purpose of changing its registered	
office or regist agent. Familiar	tered agent, or both, in the Sta miliar with and accopt the obli	te of Florida. Such change w dations of, Section 607,0505	as authorized by the co . Florida Statutes.	orporation's board of directors. I hereby ac	ccept the appointment as registered	
SIGNATURE	Vita S	r = 6	, Trouble Official		02-26-97	
SIGNATORE Signal	ture, typical for printed name of registered a	gent and title if applicable	NOTE: Registered Agent signal.	ure required when reinstating)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO O	FICERS AND DIRECTORS IN 12	
TITLE DP	-	☐ DELETE	1.1 MTLE		Change Addition	
	NGERING, CONSTANCE		1.2 NAME			
	00 NEW HAVEN AVENUE		1.3 STREET ADDRESS			
<b></b>	MELBOURNE, FL 00000		1.4 CITY-ST-ZIP			
TIFLE		L DELETE	21 TITLE		Change Addition	
NAME			2.2 NAME			
STREEL ADDRESS			2.3 STREET ADDRESS	5		
Crty - S1 - ZIP		DELETE	2.4 CITY-ST-ZIP		Change Addition	
Tille		בן טנגנונ	3.1 TITLE		Change Addition	
NAME COULT ADDITE			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - S1 - ZIF		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition	
NAME			4.0 OILE 4.2 NAME		End Cristings End Production	
STREET ADDRESS			4 3 STREET ADDRESS			
			4.4 CITY-ST-ZIP			
TILLE		DELETE	5.1 TITLE		Change Addition	
NAME		hand a selection	5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
Cify-S1-ZiP			5.4 CITY - ST - ZIP			
Title		DELETE	6.1 TITLE		Change Addition	
NAME.			62 NAME	1		
STREET ADDRESS			6.3 STREET ADDRESS	s		
City - S1 - ZiP			6.4 CITY-ST-ZIP			
VIII 1 21 - EIC	-, -, -, -, -, -, -, -, -, -, -, -, -, -		0.7 6111 - 31 - 21F	and in Contract of Original Contract	4 - 1 f - 4h	

I do nereby 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 inclicated 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 ham 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.