

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F93000003981 (8)**

1. Corporation Name

BURNS VETERINARY SUPPLY, INC.

Principal Place of Business

**3890 PARK CENTRAL BOULEVARD NORTH
POMPANO BEACH FL 33064**

Mailing Address

**865 MERRICK AVE
WESTBURY NY 11590
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1993

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81

Name

The Prentice-Hall Corporation System, Inc.

82

Street Address (P.O. Box Number is Not Acceptable)

110 North Magnolia Street.

83

City

Tallahassee

84

City

FL

85

Zip Code

32301

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE

AS

☐ DELETE

NAME

SORACI, JUSTINA

STREET ADDRESS

865 MERRICK AVE.

CITY-ST-ZIP

WESTBURY NY 15590

TITLE

P

☐ DELETE

NAME

CAPUTO, MICHAEL

STREET ADDRESS

865 MERRICK AVE.

CITY-ST-ZIP

WESTBURY NY 15590

TITLE

S

☐ DELETE

NAME

ASHKIN, LAURA

STREET ADDRESS

865 MERRICK AVE

CITY-ST-ZIP

WESTBURY NY

TITLE

T

☐ DELETE

NAME

ASHKIN, SHELIA

STREET ADDRESS

865 MERRICK AVE

CITY-ST-ZIP

WESTBURY NY

TITLE

CEO

☐ DELETE

NAME

ASHKIN, CARL

STREET ADDRESS

865 MERRICK AVE.

CITY-ST-ZIP

WESTBURY NY

TITLE

CD

☐ DELETE

NAME

ASHKIN, MICHAEL

STREET ADDRESS

865 MERRICK AVE.

CITY-ST-ZIP

WESTBURY NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Kimberly Allen President

☐ Change

☒ Addition

1.2 NAME

Kimberly Allen

1.3 STREET ADDRESS

865 Merrick Ave.

1.4 CITY-ST-ZIP

Westbury NY 11590

2.1 TITLE

Executive Vice-President

☒ Change

☐ Addition

2.2 NAME

Michael Caputo

2.3 STREET ADDRESS

865 Merrick Ave.

2.4 CITY-ST-ZIP

Westbury NY 11590

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 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:

Justina Soraci Assistant Secretary 8/19/98

FILED
Aug 26 1998 8:00am
Secretary of State



012713

CP2E034 (5/98)