

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
IF DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003981**

Corporation Name
INS VETERINARY SUPPLY, INC.

Place of Business
**MARK CENTRAL BOULEVARD NORTH
O BEACH FL 33064**

Mailing Address
**865 MERRICK AVE
WESTBURY NY 11590
US**

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90002 003 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1993

4. FEI Number

11-2587370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

26

Apt. #, etc.

Suite, Apt. #, etc.

27

State

City & State

28

Country

Zip

Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N MAGNOLIA ST
TALLAHASSEE FL 32301**

In accordance with 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 agent 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 reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDRESS

**AS
SORACI, JUSTINA
865 MERRICK AVE.
WESTBURY NY 15590**

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

ADDRESS

**EVP
CAPUTO, MICHAEL
865 MERRICK AVE.
WESTBURY NY 15590**

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

ADDRESS

**S
ASHKIN, LAURA
865 MERRICK AVE
WESTBURY NY**

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

ADDRESS

**T
ASHKIN, SHELIA
865 MERRICK AVE
WESTBURY NY**

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

ADDRESS

**CEO
ASHKIN, CARL
865 MERRICK AVE.
WESTBURY NY**

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

ADDRESS

**CD
ASHKIN, MICHAEL
865 MERRICK AVE.
WESTBURY NY**

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

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 stated 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (5/99)

MICHAEL CALVO

FUP

8/27/99

(516) 653-1800