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

PROFIT ORPORATION INUAL REPORT

1999

Apt. #, etc.

State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Country

30

CUMENT # F93000003981

INS VETERINARY SUPPLY, INC.

Country

9. Name and Address of Current Registered Agent

25

Mailing Address Place of Business 865 MERRICK AVE RK CENTRAL BOULEVARD NORTH WESTBURY NY 11590 2a. Mailing Address pal Place of Business

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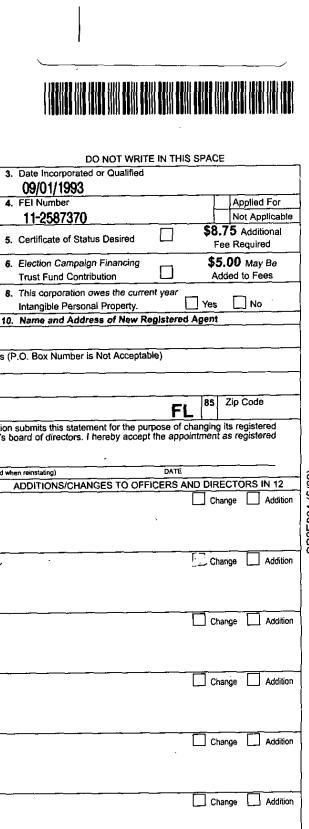
Zip

Suite, Apt. #, etc.

City & State

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

09-07-1999 90002 003 ***550.00



THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 82 110 N MAGNOLIA ST TALLAHASSEE FL 32301 81 84 City suant 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 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 int. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 1.1 TITLE DELETE 1.2 NAME SORACI, JUSTINA 865 MERRICK AVE 1.3 STREET ADDRESS WESTBURY NY 15590 1.4 CITY-ST-ZIP 2.1 TITLE DELETE CAPUTO, MICHAEL 2.2 NAME 865 MERRICK AVE. 2.3 STREET ADDRESS RESS WESTBURY NY 15590 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ASHKIN, LAURA 3.2 NAME 865 MERRICK AVE 3.3 STREET ADDRESS WESTBURY NY 3.4 CITY-ST-ZIP 4.1 TITLE DELETE ASHKIN, SHELIA 4.2 NAME 865 MERRICK AVE 4.3 STREET ADDRESS RESS WESTBURY NY 4.4 CITY-ST-ZIP 5.1 TITLE CEO DELETE 5.2 NAME ASHKIN, CARL 865 MERRICK AVE. 5.3 STREET ADDRESS WESTBURY NY 5.4 CITY-ST-ZIP 6.1 TITLE DELETE 6.2 NAME ASHKIN, MICHAEL 865 MERRICK AVE. 6.3 STREET ADDRESS WESTBURY NY 6.4 CITY-ST-7IP

beby 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 ated 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 ficer 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 ock 12 or Block 13 if changed, or on an attachment with an address.

P 27/99

(516)683-1800