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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000002103

1. Corporation Name MARTIN H. ZARNETT, D.V.N	M., P.A.
Principal Place of Business	Mailing Address
127 LANCASTER RD FREEHOLD NJ 07728	127 LANCASTER RD FREEHOLD NJ 07728
2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30
0.01 4.44	- 5 Command Danieland Amend

FILED Jan 30, 1999 8:00am **Secretary of State**

01-30-1999 90010 015 ***150.00



Principal Place	e of Business	Mailing Address				* 1	* *	
127 LANCASTER	R RD	127 LANCASTER RD						•
FREEHOLD NJ (07728	FREEHOLD NJ 07728			DO NOT	WRITE IN THIS	CDACE	
	•						SPACE	
	•				3. Date Incorporated or Qual	irea		
		T			04/14/1998			- U - 4 F
2. Principal Pl	lace of Business	2a. Mailing Address			4. FÉI Number			plied For
21		26			22-2818264			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	ed 🗀	\$8.75 A	
22		27						<u> </u>
City & State	e	City & State		- VIII	6. Election Campaign Finance	ing 🗆	\$5.00	
23		28			Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	_ Country	/	8. This corporation owes the	current year Inta		
24	25	29 30) <u> </u>		Personal Property Tax.		☐Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of N	ew Registered	Agent	
74.51	IFTT BEADTINE IN DUBE	2	81	Name				
	NETT, MARTIN H DVM		82	Street Ad	Idress (P.O. Box Number is Not Acc	ceptable)		
	NE 7TH ST						· .	, , , , , , , , , , , , , , , , , , ,
HALL	ANDALE FL 33009	•	83	3				14 Table
			84	City		FL	85 Zip (Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the abov	e-named co	progration submits this statement for	the purpose of	changing its	registered
office or r	egistered agent, or both, in the State of	f Florida. Such change was auth	iorized by	the corpora	ation's board of directors. I hereby a	ccept the appoi	ntment as re	gistered
agent. I a	m familia with, and accept the obligation	ons of, Section owa, USUS, Florid	a Statute:			1. Z	_	
	11 / 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/					1///6	-	
SIGNATURE	VIII H Zan	ett 1 A. H. Zn	RHET	<i>†</i>	ired when reinstating)	////// DATE	<u> </u>	
	Signature, typed or printed refine of registered agent	and title if applicable(NOTE: Re	edeT egistered Age	<i>†</i>	uired when reinstating)	DOFFICERS AN	D DIRECTO	DRS IN 12
12.	Signature, typed or printed name of registered agent. OFFICERS AND	and title if applicable (NOTE: Re	egistered Age 13.	<i>†</i>	uired when retristating) ADDITIONS/CHANGES TO	DOFFICERS AN	D DIRECTO	PRS IN 12
12.΄ ΤΙΤ L E	Signature, typed or printed name of registered agent. OFFICERS AND	and title if applicable(NOTE: Re	egistered Age 13. 1.1 TITLE	<i>†</i>		DOFFICERS AN		
12. TITLE NAME	Signature, typed or printed reme of registered egent. OFFICERS AND CP ZARNETT, MARTIN H	and title if applicable (NOTE: Re	egistered Age 13. 1.1 TITLE 1.2 NAME	et signature requ		DATE OFFICERS AN		
12. TITLE NAME STREET ADDRESS	Signature, typed or printed herne of registered egent. OFFICERS AND CP ZARNETT, MARTIN H 2221 NE 7TH ST	and title if applicable (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	at ADDRESS		DOFFICERS AN		
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CITY-ST-ZIP 14. 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, with all other like empowered.

6.4 CITY-ST-ZIP