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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

(7)

**FILED** Feb 05 1998 8:00am Secretary of State

BERNARD S. MYERS, D.V.M., P.A.					
					PROTE OLOGIA DEGLE ARBET OLOGIA KODA
Principal Place of Business Mailing Address					B(O(6 B)B)1 \$101/ \$18(1 B)8(1 B)8(4 1861
% BERNARD S. MYERS % BERNARD S. MYERS 5410 CENTRAL FLORIDA PARKWAY 5410 CENTRAL FLORIDA PARKWAY					
ORLANDO FL 32821 ORLANDO FL 32821			A PARKWAT	DO NOT WRITE IN TH	IS SPACE
US		US		3. Date Incorporated or Qualified	
				11/23/1983	
}	Place of Business	2a. Mailing Address	Fl & D. U.	4. FEI Number	Applied For
	entral Florida Parkway		Florida Parkway	59-2351058	Not Applicable
Suite, Apt	e, etc.	Suite, Apt. #, etc.	/	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		6 Starties Computer Starting	
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	¥Yes ☐ No
				10. Name and Address of New Registere	d Agent
1	YERS, BERNARD S.		81 Name		-
5410 CENTRAL FLORIDA PARKWAY			82 Street Addre	ss (P.O. Box Number is Not Acceptable)	
0	RLANDO FL 32821		90		
			83		
			84 City	F	85 Zîp Code
11. Pursuant	to line provisions of Sections 607 0502	and 607 1508. Florida Statut	es the above-named corno	tration submits this statement for the purpose	of changing its registered
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 reg stered 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. (NOT	E: Registered Agent signature required	d when reinstating) DATE	·
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MYERS, BERNARD S		1 2 NAME		
STREET ADDRESS	5410 CENTRAL FLORIDA PARI	KWAY	1.3 STREET ADDRESS		i
CITY-ST-ZIP TITLE	ORLANDO FL S	DELETE	1.4 CITY-ST-ZIP		
NAME .	MYERS, CHERYL L		2.1 TITLE 2.2 NAME		Change Addition
STREET ADDRESS	5410 CENTRAL FLORIDA PARI	ΚWΔV	2.3 STREET ADDRESS		ı
CITY-ST-ZIP	ORLANDO FL	WIN	2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		1
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CiTY-ST-ZiP		Locuer	4.4 CITY - ST - ZIP		
TITLE		L DELETE	5.1 TITLE		L Change L Addition
NAME STREET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		E Stande E Legation
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		Ī

ээрияныны англагтерия is use and accurate and that my signature shall have the same legal effect as if made under oath; that I am aron or or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in or on apattachment with an address.

01/29/98