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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H54374

(4)

FILED Feb 24 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  2372 N FEDERAL HWY FT LAUDERDALE FL 33305 US  KATHLEEN G. COLLETTE, D.V.M.,P.A.  Mailing Address  7999 AN 4771-/TERR 77/LAUDERDALE FL 33305 US										
						3. Date Incorp 04/30/19	orated or Qualified		ate of Last I 19/1996	
2. Principal Pa	ace of Business	2a. Mailing Address	*****			4. FEI Number				pplied For
21]	VI	26 2372 N Fe	dera	l_L	lwy	59-2546	744			lot Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.				5. Certificate of	f Status Desired			Additional Required
City & State	e	City & State	·············		·····	6. Election Car	npaign Financing			) May Be
23	The second consequence of the second second	28 Ft. Laud.				Trust Fund t			Added	to Fees
Zip	Country	Ζίρ 29 33305	30	Country <b>US</b>	,	8. This corpora	ation has liability fo	or intangible XX Yes	tax under	s. 199.032,
24	25 9. Name and Address of Curren		[30]	73			Address of New I			
COL	llette, kathleen g.			81	Name					
909	GUAVA ISLE		B2	2 Street Address (P.O. Box Number is Not Acceptable)				····	·	
FT.	LAUDERDALE FL 33315			83					····	
				[85				,		
				84	City			FL	85 Zip	Code
agent. Fa	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	ations of Section 607.0505.								
SIGNATURE	Signature, typied or printed name of registered age	ont and little if applicable   {P	VOTE: Regis	tered Age		required when reinstating)	·	DATE		
12.	Signature, typical or pointed name of registered age	int and fide if applicable (f) D DIRECTORS	VOTE: Regis	tered Age		required when reinstating)	CHANGES TO OFF	DATE	DIRECTO	RS IN 12
12.	Signature, speed or printed name of registered age OF FICE RS ANI	ont and little if applicable   {P	NOTE: Regis	tered Age 3.		required when reinstating)	·	DATE		RS IN 12
12.	Signature, typical or printed name of registered age OFFICE RS ANI DP COLLETTE, KATHLEEN G. 3981 NW 47TH TERR	int and fide if applicable (f) D DIRECTORS	VOTE: Regis 1.	tered Age 3. 1 TITLE 2 NAME		required when reinstating)	·	DATE	DIRECTO	RS IN 12
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From the action of the commencer supprise with this interior 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 of justee 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 attaching it within address.

SIGNATURE:

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1/31/97

Daytime Phone # 0279298