

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

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Jul 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K00771 (1)
1. Corporation Name
ANIMAL EMERGENCY CLINIC OF CENTRAL BREVARD, INC.

Principal Place of Business
1295 SOUTH U.S. 1
ROCKLEDGE FL 32955

Mailing Address
1295 SOUTH U.S. 1
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/06/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2858866	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MADYDA, LINDA 1934 S FISKE BLVD ROCKLEDGE FL 32955				10. Name and Address of New Registered Agent	
81	Name Sisserson, Thomas				
82	Street Address (P.O. Box Number is Not Acceptable) 230 Fortenberry Rd.				
83					
84	City Merritt Island				85 Zip Code FL 32953

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 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 *Thomas Sisserson* (Signature, typed or printed name of registered agent and fee, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MADYDA, LINDA	1.2 NAME	Sisserson, Thomas
STREET ADDRESS	1934 S FISKE BLVD	1.3 STREET ADDRESS	230 Fortenberry Rd.
CITY-ST-ZIP	ROCKLEDGE FL	1.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	V	2.1 TITLE	✓
NAME	SISSERSON, THOMAS	2.2 NAME	Maxwell, Guy
STREET ADDRESS	230 FORTENBERRY RD	2.3 STREET ADDRESS	2865 N. Courtenay Pkwy
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	TS	3.1 TITLE	T/S
NAME	SISSERSON, THOMAS	3.2 NAME	George, Richard
STREET ADDRESS	230 FORTENBERRY RD.	3.3 STREET ADDRESS	230 Fortenberry Rd.
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	TS	4.1 TITLE	
NAME	MAXWELL, GUY	4.2 NAME	
STREET ADDRESS	2865 N COURTENAY PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 I am not in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas P. Sisserson* 6/18/97

CR2E034 (10/97)