

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 26 AM 8:41

**DOCUMENT # K83292 (8)**

1. Corporation Name

**DVM MANAGEMENT & LEASING ASSOCIATES, INC.**

Principal Place of Business

3081 E COMMERCIAL BLVD  
RM 105  
FT LAUDERDALE FL 33308

Mailing Address

3081 E COMMERCIAL BLVD  
RM 105  
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/25/1989

3a. Date of Last Report

03/02/1994

4. FEI Number

65-0121862

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

KOPELOWITZ, HARVEY  
750 SOUTHEAST THIRD AVENUE  
SUITE 100  
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~PO~~  
MINK, DK  
2801 N COURSE #208  
POMPANO BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

~~PO~~  
USDAN, VIKKI  
7500 BRISTON LN  
PARKLAND FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

VICE PRESIDENT, DIRECTOR  Change  Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

PRESIDENT, DIRECTOR  Change  Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Change  Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change  Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Change  Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 applicable, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
D.K. MINK

Signature and typed or printed name of signing officer or director

5/22/95

305-771-2181