

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **04/25/1989**
3a. Date of Last Report: **05/26/1995**
4. FEI Number: **65-0121862**
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
10. Name and Address of New Registered Agent

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

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: _____ (Signature) _____ (Typed Name) _____ (Typed Name) _____ (Typed Name)

12. OFFICERS AND DIRECTORS

TITLE: **VPD** [] DELETE
NAME: **MINK, DK**
STREET ADDRESS: **2801 N COURSE #208**
CITY-ST-ZIP: **POMPANO BEACH FL**
TITLE: **DP** [] DELETE
NAME: **USDAN, VIKKI**
STREET ADDRESS: **7500 BRISTON LN**
CITY-ST-ZIP: **PARKLAND FL**
TITLE: [] DELETE
NAME: [] DELETE
STREET ADDRESS: [] DELETE
CITY-ST-ZIP: [] DELETE
TITLE: [] DELETE
NAME: [] DELETE
STREET ADDRESS: [] DELETE
CITY-ST-ZIP: [] DELETE
TITLE: [] DELETE
NAME: [] DELETE
STREET ADDRESS: [] DELETE
CITY-ST-ZIP: [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE [] Change [] Addition
2. NAME [] Change [] Addition
3. STREET ADDRESS [] Change [] Addition
4. CITY-ST-ZIP [] Change [] Addition
5. TITLE [] Change [] Addition
6. NAME [] Change [] Addition
7. STREET ADDRESS [] Change [] Addition
8. CITY-ST-ZIP [] Change [] Addition
9. TITLE [] Change [] Addition
10. NAME [] Change [] Addition
11. STREET ADDRESS [] Change [] Addition
12. CITY-ST-ZIP [] Change [] Addition
13. TITLE [] Change [] Addition
14. NAME [] Change [] Addition
15. STREET ADDRESS [] Change [] Addition
16. 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 119.07(3)(g), 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)