## 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

(0)

**FILED** Apr 10 1998 8:00am Secretary of State

C/O PAUL E. ANONE 833 SOUTHEAST MARICAMP ROAD OCALA FL 38672  2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualified OCALA FL 38672  3. Date Incorporated or Qualified OCALA FL 38676  3. Date Incorporated or Qualified OCALA FL 38677  3. Date Incorporated or Qualified OCALA FL 38676  3. Date Incorporated or Qualified or Part of Calaborated or Qualified OCALA FL 38676  3. Date Incorporated or Qualified Ocale or Qualified Ocale or Qualified Ocale or Qualified Ocale or Qualified OCALA FL 38676  3. Date Incorporated or Qualified Ocale or Qualified Ocale or Qualified Ocale or Qualified Ocale or Qualified	PAUL	- ANNON	IE, D.Y.M., F.A	·								
### SOUTH-EAST MARICAMP ROAD OCALA FL 38672  ### APPLIES SOUTH-EAST MARICAMP ROAD OCA	Principal Place of Business Mailing Address									II <b>3</b> 1811 81671	1(2), 6,51	
Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For   21   22   25   27   27   5. Certificate of Status Desired   58.75 Additional   58.016, Apt. M. etc.   5. Certificate of Status Desired   58.75 Additional   5	8333 SOUTHEAST MARICAMP ROAD 8333				33 SOUTHEAST MARICAMP ROAD				DO NOT WRITE IN THIS SPACE			
22. Maining Address   22. Maining Address   4. FEI Number   Applied For   Not Applicable   Suite, Apt #, etc.   59-30 19766   Not Applicable   Suite, Apt #, etc.   59-30 19766   Not Applicable   Suite, Apt #, etc.   59-30 19766   Suite, Apt #, etc.   59-30 1976	ļ											
Suite, Apt. #, etc.  Suite, Ap	9 Principal Place of Pusiness										T 14-	- Ul F7 - ·
Sulfe, Apf. 4, etc.    Sulfe, Apf. 4, etc.	<u> </u>				<b>⊢</b> •							
City & State  Country  City & State  City & Country  City & Coun	Suite Apt. #. etc.									. \$	<del></del>	
City & State  28  29  20  20  20  20  20  20  20  30  Country 20  20  30  Country 20  30  Country 30  80  81  Rinis corporation owes or has paid the current year Intemplable Personal Property Tax due June 30. 20  82  833  80  80  80  80  80  80  80  80  8					<b>├</b> ¬ ' ' '			-	5. Certificate of Status Desired L	) <b>Y</b>		
State   Stat	City & State								6. Election Campaign Financing	•	55.00	May Be
State   Stat	23								Trust Fund Contribution			
ARNONE, PAUL E. 9333 SOUTHEAST MARICAMP ROAD OCALA FL 32672  11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purposes of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signalure, typed or printed name of reported agent and time if agricantive.  MAKE  ARNONE, PAULE E. D.V.M.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17. ITILE  DELETE  1.1 TITLE  DELETE  1.1 TITLE  1.2 ANNONE, PAULE E. D.V.M.  1.3 STREET ADDRESS  0CALA FL  1.4 CITY-ST-2P  1.4 CITY-ST-2P  1.4 CITY-ST-2P  1.5 Change  Addition  AMME  STREET ADDRESS  0CTY-ST-2P  1.4 CITY-ST-2P  1.5 Change  Addition  Addition  AMME  1.5 STREET ADDRESS  1.6 CITY-ST-2P  1.7 TITLE  1.7 TITLE  1.7 TITLE  1.8 Change  1.8 Addition  1.9 Addition  1.9 Addition  1.9 Addition  1.1 TITLE  1.1 TITLE  1.1 TITLE  1.2 Change  1.3 STREET ADDRESS  1.4 CITY-ST-2P  1.4 CITY-ST-2P  1.5 Change  1.5 Change  1.6 Addition  1.7 TITLE  1.7 TI	Zip		<b>⊢</b> ¬ ′	<u> </u>	<b>Z</b> ip	_	ntry			· ·		
ARNONE, PAUL E. 9333 SOUTHEAST MARICAMP ROAD OCALA FL 32672  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 agent. I am fermiliar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE   D	24											J No
ANNONE, PAUL E. D.V.M.  STREET ADDRESS  CITY-ST-2P  OCALA FL  S333 SOUTHEAST MARICAMP ROAD  OCALA FL 32672  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  FL  85  Zip Code  85  Zip Code  86  Registered agent, or both, in the State of Florida Such change was authorized by the corporation submits this statement for the purpose of changing its 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, 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 statutes.  SIGNATURE  Signalure, bysed or peried name of registered agent and brief apraicable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ARRONE, PAUL E. D.V.M.  STREET ADDRESS  CITY-ST-2P  OCALA FL  DELETE  1.1 TITLE  DELETE  1.2 NAME  1.3 SIRRET ADDRESS  CITY-ST-2P  CALA FL  Change  Addition  NAME  STREET ADDRESS  CITY-ST-2P  DELETE  3.3 TITLE  DELETE  3.3 TITLE  Change  Addition  Addition  NAME  STREET ADDRESS  CITY-ST-2P  Change  Addition  Addition  NAME  AGDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.2 NAME  1.3 SIRRET ADDRESS  CITY-ST-2P  Change  Addition  Addition  NAME  AGDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  Change  Addition  Addition  AND  Change  Addition  AND  Change  Addition  AND  Change  Addition  Addition  AND  Change  Chang								Name	IV. Hame and Address of New Regist	orou Ayer	<u></u>	
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### City ### City ### City ### City #### City ####################################						İ	82	Street Addre	ess (P.U. Box Number is Not Acceptable)			
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    Signaliva, hysed or pursed name of registered agent and line if aprilicable   (NOTE. Registered Agent signaliure required when reinstating)   DATE		no i i c oc	01L			1	83					· · · · · · · · · · · · · · · · · · ·
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SIGNATURE   Signature, tysted or printed name of registered agent and trite if applicative   12.								•			1	
Signature. hysied or printed name of registered agent and blin if arphicishia (NOTE Registered Agent signature required when reinstating)   DATE	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 registred 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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											s registered registered
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3280 SE 56TH AVE		D					LE					
CITY-ST-ZIP	NAME	ARNON	E, PAUL E. D.V.M	<b>).</b>		1.2 NA	ME					
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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 my name appears in Block 12 or Block 13 if changed or or an attention of the corporation of the corporation of 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 or an attention of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information indicated on this 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. I further certify that the information indicated on this 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. I further certify that the information indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation or the same legal effect as if made under oath; the corporation or the corporatio

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

NAME