

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

FILED

Apr 17 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 # **L81175** (6)
1. Corporation Name
SHARON TIBERIO D.V.M., P.A.



Principal Place of Business 13889 WELLINGTON TRACE SUITE A-1 WELLINGTON FL 33414	Mailing Address 13889 WELLINGTON TRACE SUITE A-1 WELLINGTON FL 33414
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3304 NE 16 Court Suite, Apt. #, etc. 22 City & State 23 Ft Lauderdale Florida Zip 24 33305		2a. Mailing Address 26 3304 NE 16 Court Suite, Apt. #, etc. 27 City & State 28 Ft Lauderdale Florida Zip 29 33305 Country 30 USA		3. Date Incorporated or Qualified 06/12/1990	4. FEI Number 65-0211893 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	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
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9. Name and Address of Current Registered Agent TIBERIO, SHARON 13889 WELLINGTON TRACE SUITE A-1 WELLINGTON FL 33414				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 3304 NE 16 Court 83 84 City Ft Lauderdale FL 85 Zip Code 33305			
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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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPV	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIBERIO, SHARON			1.2 NAME			
STREET ADDRESS	13889 WELLINGTON TRA. A1			1.3 STREET ADDRESS	3304 NE 16 Court		
CITY-ST-ZIP	WELLINGTON FL			1.4 CITY-ST-ZIP	Ft Lauderdale FL 33305		
TITLE	TSC	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIBERIO, SHARON			2.2 NAME			
STREET ADDRESS	13889 WELLINGTON TRA. A1			2.3 STREET ADDRESS	3304 NE 16 Court		
CITY-ST-ZIP	WELLINGTON FL			2.4 CITY-ST-ZIP	Ft Lauderdale FL 33305		
TITLE	M	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIBERIO, SHARON			3.2 NAME			
STREET ADDRESS	13889 WELLINGTON TRA. A1			3.3 STREET ADDRESS	3304 NE 16 Court		
CITY-ST-ZIP	WELLINGTON FL			3.4 CITY-ST-ZIP	Ft Lauderdale FL 33305		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sharon A. Tiberio

4-9-98 (954)-564-1593

CR2E034 (10/97)