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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L96223

(7)

RX FOR FLEAS/CENTRAL CALIFORNIA, INC.

L							(d		
Principal Place of Business Mailing Address						1 16841011 050 (0110 01510 15016 51020 E	15 Miller Miller Mill	A BIBAL DEBEI	i Aibir IDAt
2001 BERING UNIT K SAN JOSE C			6555 N.W. 9TH AVENUE FT. LAUDERDALE FL 33309-2067						
US					3. Date Incorporated or Qualified 08/28/1990	ied 3a. Date of Last Report 06/19/1996			
2. Principa! Place of Business		2a. Mailing Address						oplied For	
21		26				65-0240236		No	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & State		City & State			Election Campaign Financing Trust Fund Contribution				
Zip 24	Country 25	7ip	30	ountry	,	This corporation has liability for Florida Statutes	intangible ta		. 199.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Ro	egistered Ag	jent	
YAI	RMUTH, MELVIN			81	Name				
17952 FIELDBROOK CIRCLE				82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
BOCA RATON FL 33496							·····	·	
]				83					
				84	City			85 Zip (Code
				ᆚ	<u></u>		<u>FL</u>		
office or agent. I a SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the obl	and 607.1506, Florida State of Florida. Such change wa ligations of, Section 607.0505,	s authoriz Florida St	ed by atute:	y the corpora s.	poration submits this statement for the tion's board of directors. I hereby acce	purpose of cl	nlment as	registered
	Signature, typed or printed name of registered	_			ent signature requ	ired when reinstating)	DATE		
12.		AND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC			
TITLE	DPST	DELETE		TITLE			L	_ Change	Addition
NAME	MELVIN J. YARMUTH			NAME					
STREET ADDRESS	17952 FIELD BROOK CIR				ADDRESS				
CITY-ST-ZIP	BOCA RATON FL	DELETE		CITY-S	ST - ZIP			7 05	T Addition
TITLE		☐ DELETE	1	THE			L	Change	☐ Addition
NAME DEDUCES ADDRESS				NAME	I TDDBEDO				
STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP TITLE		DELETE		TITLE	S1 - ZIP			Change	Addition
NAME		- SKUR	1	NAMÉ	}		L	_ Sharige	
STREET ADDRESS					I ADDRESS				
CITY-ST-ZIP					SI-ZIP				
TITLE		DELETE		TITLE	D. III			Change	Addition
NAME		_		NAME					
PTDEET ADDOCCO				PTOTE:	L ADDOLOG				

14. I do 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 trusted 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:

64 CHY-ST-7IP

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS 5.4 CITY - S1 - 7IP

6.3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

Change

Addition

Addition