

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB - 1 AM 11:14

DOCUMENT # **M74829** (6)

1. Corporation Name  
**NARANJA LAKES ANIMAL CLINIC, INC.**

Principal Place of Business Mailing Address  
**27311 S. DIXIE HWY. HOMESTEAD FL 33032 US** **25505 S.W. 182 AVE. HOMESTEAD FL 33031 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 25	3. Date Incorporated or Qualified <b>04/01/1988</b>	3a. Date of Last Report <b>02/15/1994</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number <b>65-0748208</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>PROSEK, GAIL A 25505 SW 182 AVE. HOMESTEAD FL 33031</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>25505 S.W. 182 AV</b>
		83	
		84 City	<b>HOMESTEAD</b>
		85 State	<b>FL</b>
		86 Zip Code	<b>33031</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROSEK, GAIL A.</b>	1.2 NAME	
STREET ADDRESS	<b>25505 S 182 AVE.</b>	1.3 STREET ADDRESS	<b>25505 S.W. 182 AV</b>
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	1.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33031-1886</b>
TITLE	<b>VP</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILLEY, ROGER L.</b>	2.2 NAME	
STREET ADDRESS	<b>25505 SW 182 AVE.</b>	2.3 STREET ADDRESS	<b>25505 S.W. 182 AV.</b>
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	2.4 CITY-ST-ZIP	<b>HOMESTEAD, FL 33031-1886</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 typed), or on an attachment with an address.

SIGNATURE: Gail A. Prosek 1/25/95 (305) 246-1936  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR