

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M74829** (6)

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



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

2. Principal Place of Business: 21 State, Apt. #, et. 22 City & State 23 Zip Country 24
2a. Mailing Address: 26 State, Apt. #, et. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified: **04/01/1988** 3a. Date of Last Report: **02/01/1995**
4. FEI Number: **65-0048208** Applies For Not Applicable
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. 199.035, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**PROSEK, GAIL A
25505 SW 182 AVE
HOMESTEAD FL 33031**

10. Name and Address of New Registered Agent:
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 607.01(3) and 607.15(5), Florida Statutes, the above named original or substitute 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 607.01(5), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PROSEK, GAIL A.	
STREET ADDRESS	25505 SW 182 AVE	
CITY, ST, ZIP	HOMESTEAD FL 86	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GILLEY, ROGER L.	
STREET ADDRESS	25505 SW 182 AVE.	
CITY, ST, ZIP	HOMESTEAD FL 86	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE	
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE	
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE	
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied by me 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: *Gail A. Prosek* **GAIL A. PROSEK** 4-22-96 305-246-1936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)