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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34449** (9)

1. Corporation Name

ASSOCIATION OF AVIAN VETERINARIANS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 811720
BOCA RATON FL 33481

P.O. BOX 811720
BOCA RATON FL 33481



3. Date Incorporated or Qualified

06/24/1991

4. FEI Number

11-2651082

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEDMAN, ADINA RAE
376 NW 22ND AVENUE
BOCA RATON FL 33486

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOOLEN, MICHAEL	
STREET ADDRESS	2 HARRIS CT STE A1	
CITY-ST-ZIP	MONTEREY CA	

TITLE	ED	<input type="checkbox"/> DELETE
NAME	FREEDMAN, ADINA R	
STREET ADDRESS	376 NW 22 AVE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	ED	<input type="checkbox"/> DELETE
NAME	OLSEN, GLENN	
STREET ADDRESS	PATUXENT WILDLIFE RESEARCH CENTER	
CITY-ST-ZIP	LAUREL MD	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEER, BRIAN L	
STREET ADDRESS	3807 MAIN ST	
CITY-ST-ZIP	OAKLEY CA	

TITLE	ED	<input type="checkbox"/> DELETE
NAME	LABONDE, JERRY	
STREET ADDRESS	6900 SOUTH HOLLY CIRCLE	
CITY-ST-ZIP	ENGLEWOOD CO	

TITLE	T	<input type="checkbox"/> DELETE
NAME	LINNETZ, LAWRENCE	
STREET ADDRESS	595 CLARK AVE	
CITY-ST-ZIP	BRISTOL CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL WELCH	
1.3 STREET ADDRESS	6528 E 101 St	
1.4 CITY-ST-ZIP	Tulsa, OK 74133	

2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FREEDMAN, ADINA R	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	Immed Past Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Adina R. Freedman 2/26/98 506393-8901

CR2E037 (10/97)