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

Mailing Address

**PROFIT CORPORATION ANNUAL REPORT** 

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name P92000004309 (0)

JOAN S. MC MINDES, D.V.M., P.A.

**FILED** Apr 22 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE	
Date Incorporated or Qualified	-

10076 W INDIANTOWN ROAD JUPITER FL 33478		10076 W INDIANTOWN JUPITER FL 33478	ROAD					
US		US		DO NOT WRITE IN THIS	SPACE			
				3. Date Incorporated or Qualified 11/13/1992				
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21		26		65-0568859	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional			
22		27		5. Certificate of Status Desired	Fee Required			
City & Stat	lo.	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be			
Zip	Country	28	Country	Trust Fund Contribution	Added to Fees			
24	<b>25</b>	Ζφ <b>29</b>	Country 30	<ol><li>This corporation owes or has paid the cu Personal Property Tax due June 30.</li></ol>				
[27]	9. Name and Address of Curi		130	10. Name and Address of New Registered				
WH	HITE, CHARLES R.L. ESQ.	· · · · · · · · · · · · · · · · · · ·	81 Name					
	5 N. ALA, SUITE E-102		82 Street	Address (P.O. Box Number is Not Acceptable)				
	PITER FL 33477		5 Street	Address (F.O. Box Number is Not Acceptable)				
			83					
			84 City	FL	85 Zip Code			
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	les, the above-named	corporation submits this statement for the number of	of changing its registered			
I office or r	office or registered agent, or both, in the State of Honda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE	·							
	Signature, typied or printed name of regeti red		TE: Rogistired Agent signature					
12.	PSTD OFFICERS A	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN				
NAME	MC MINDES, JOAN S	LJ WITHE	11 TRILE 12 NAME	Norm Reilly	☐ Change <b>☆</b> Addition			
STREET ADDRESS	10076 W. INDIANTOWN RD	) 	1.2 NAME 1.3 STREET ADDRESS	10076 W. Indiantown Rd.				
CITY-ST-ZIP	JUPITER FL	•	1.4 CITY - ST - ZIP	Norm Reilly 10076 W. Indiantown Rd. Jupiter PL. 33477	,			
TITLE		DELETE	21 TITLE	piso . · · · · · · · ·	Change Addition			
NAME			2.2 NAME					
STREET ADDRESS			2 3 STREET ADDRESS					
CITY-ST-ZIP			2.4 CHY-SI-ZIP					
TITLE		LJ DELETE	3.1 TITLE		☐ Change ☐ Addition			
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					
CITY+ST-ZIP TITLE		DELETE	34. CHY-ST-7IP		Change Addition			
NAME			4.1 TILE 4.2 NAME		Change Addition			
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DETETE	5.1 TITLE		Change Addition			
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		DELETE	6.1 TITLE		Change Addition			
NAME			62 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP					

14. Thereby certify that the information supplied with this foing 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 13 if changed of our an attachment with an address.