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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000001928 (9) DOCUMENT #

ANICO VETERINARY PRODUCTS, INC.

## **FILED** Jan 15 1998 8:00am Secretary of State



L						
Principal Place of Business Mailing Address						
3334 MCKINLEY ST. 3334 MCKINLEY ST.						
HOLLYWOOD FL 33021		HOLLYWOOD FL 33021 US			DO NOT WRITE IN THIS SPACE	
		00			3. Date Incorporated or Qualified	
					12/29/1992	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26			65-0406457	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					SR 75 Additional
22		27	·		5. Certificate of Status Desired	Fee Required
City & St	ate	Cily & State	<del></del>		6. Election Campaign Financing	<b>\$5.00</b> May Be
23	28				Trust Fund Contribution	
Ζφ	Country Zip Cou		Countr	у	8. This corporation owes or has paid th	ne current year Intangible
24	25	F-7 F-7			Personal Property Tax due June 30.	☑ Yes □ No
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regist	ered Agent
E	PSTEIN, RAYMOND L.		81	Namo		
3	334 MCKINLEY ST.		82 Street Adv		fress (P.O. Box Number is Not Acceptable)	
H	10LLYWOOD FL 33021		"	Sireer Address (F.O. Box Number is Not Acceptable)		
			83			
			0.4			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
			84	City		FL 85 Zip Code
office of agent. I SIGNATURE	am familiar with, and accept the oblig	gations of, Section 607.0505, Flor	rida Statute	S.		ATE.
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TALE	1	PD DELETE				Change Addition
NAME	EPSTEIN, RAYMOND L		1.2 NAME	ļ		
STREET ADDRESS			1.3 STREET	TADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY - ST - 7IP			
TITLE	VD	DELETE	2 1 TITLE			Change Addit-on
NAME	EPSTEIN, ADELE		2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		1
CITY-ST-ZIP	HOLLYWOOD FL 33021		2 4 City - S1 - ZiP			
TITLE	OCLETE		3.1 TITLE			Change Addition
NAME	3.?		3.2 NAME	1		
STREET ADDRESS	3	3.3.5		ADDRESS		
CITY-ST-ZIP			3 4. CITY-	ST-ZiP		
TITLE		DELETE	4 1 1111.	}		Change
NAME			4, 2 NAME			
STREET ADDRESS	3		4.3 STREET ADORESS			
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP		
TITLE		DELETE	5.1 TITLE	Ì		Change Addition
NAME	<u> </u>		5.2 NAME	-		
STREET ADDRESS	6		5 3 STREET			
CITY-ST-ZIP				SI - ZIP		
TITLE	DECETE 61		61 TILLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP	<u></u>		64 CITY S	11 - 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an avacument with an address.

16 x 2 16 A 2