SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 8/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400033648 (4)

FILED Sep 15 1997 8:00am Secretary of State

EAST-WEST ANIMAL EMERGENCY CENTER, INC.						
					Î	
Principal Place	of Business	Mailing Address				NI BBABB TATAB
417 GASTONFOSTER RD. 417 GASTONFOSTER RD.						
ORLANDO FL 32907 ORLANDO FL 32907					DO NOT WRITE	IN THIS SPACE
					3. Date Incorporated or Qualified	3a. Date of Last Report
					04/29/1994	05/17/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26					59-2663446	Not Applicable
Suite, Apt. #. etc.		Suite, Apt. #, etc.	 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	/	8. This corporation owes or has pa	id the current year Intangible
24	25	29	30		Personal Property Tax due June	
	9. Name and Address of Curren	t Registered Agent	81	Neme	10. Name and Address of New Re	gistered Agent
	PHAM, GWEN B		6'	Name		
	N. MILLS AVE. LANDO FL 32803		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)
UNL	MINO FL 32003		B3			
			84	City		85 Zip Code
				* *		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-office or registered agent, or both, in the State of Florida. Such change was authorized by tagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered in the appointment as registered
agent. I ar	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statute	s.	·····	
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicables /AICV	C Desiglated Ass	out parature roo	uired when roinstaling)	DATE
12.	OFFICERS AN		13.	an agrature teor	ADDITIONS/CHANGES TO OFFICE	
TITLE	DPST	☐ DELETE	1,1 TITLE			Change Acdition
NAME	· · · · · · · · · · · · · · · · · · ·		1,2 NAME	Ì		
STREET ADORESS	417 GASTON RD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32807		1.4 CITY - S	ST - Z IP		
TITLE	DAMID MADOADET II	T DELETE 2:				☐ Change ☐ Addition
NAME STREET ADDRESS	DAVID, MARGARET U 417 GASTON FOSTER		2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32807		2.5 SINCE	1		İ
TITLE	01.0 1.0 1.0 0.00	☐ DELETE	31 HILE	31-20		Change Addition
NAME			3.2 NAME	1		
STREET ADDRESS			3.3 STREET	ADDRESS		į
CITY-ST-2IP			3.4. CITY-	ST-ZIP		
TITLE	•		4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 8 5.1 TIBLE	ST-ZIP		Change Addition
NAME			5.7 (DLF 5.2 NAME			Creatige
STREET ADDRESS			5.3 STREET	ADDRESS		İ
CITY-ST-ZIP			5.4 CiTY - 9			
TITLE		DELETE	6.1 TITLE	,, FII		☐ Change ☐ Addition
NAME			6.2 NAME	1		
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			64 City-S			
44 Ldo borob	a certify that the information cumples	with this filing done not quality	fu for the over	motion etate	d in Section 110 07/31/it Florida Statutos	I further cordity that the

4. For nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Inturner certify that the information indicated on this annual report or papplemental 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 trustrate 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 for the an attachment with an address.

CIGNATURE.