

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 AM 11:24

DOCUMENT # **P94000065273 (2)**

1. Corporation Name

LARGE ANIMAL ASSOCIATES, INC.

Principal Place of Business

1224 FLORIDA AVENUE
ST. CLOUD FL 34769

Mailing Address

1224 FLORIDA AVENUE
ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/06/1994

3a. Date of Last Report

4. FEI Number
59-3265345

Applied 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. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

Country

29

30

9. Name and Address of Current Registered Agent

~~AMERILAWYER~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name **LAUGHREY, TODD K**
82 Street Address (P.O. Box Number is Not Acceptable)
1224 FLORIDA AVE
83
84 City **ST. CLOUD** FL 85 Zip Code **34769**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Todd K. Laughrey D.V.M.** **Todd K Laughrey DVM** **1-27-95**
Signature, typed or printed name of registered agent, or firm if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	LAUGHREY, TODD K DVM	1224 FLORIDA AVENUE	ST. CLOUD FL 34769
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input 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	<input 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Todd K. Laughrey** x **Todd K. Laughrey DVM** **1-27-95** **892-8202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Press)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:29

DOCUMENT # P94000065376 (3)

1. Corporation Name
COSTAMAR REMITTANCE CORPORATION

Principal Place of Business Mailing Address
9813 PINES BLVD. **9813 PINES BLVD.**
PEMBROKE PINES FL 33024 **PEMBROKE PINES FL 33024**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
09/06/1994

2. Principal Place of Business		2a. Mailing Address		4. FBI Number		Applied For	
21		26		65-051-9013		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes			
23		28		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SHERBO, GEORGE M 9813 PINES BLVD. PEMBROKE PINES FL 33024				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERBO, GEORGE M	1 2 NAME	
STREET ADDRESS	305 N.W. 103 TERRACE	1 3 STREET ADDRESS	
CITY- ST- ZIP	PEMBROKE PINES FL 33026	1 4 CITY- ST- ZIP	
TITLE	D	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERBO, PAULA A	2 2 NAME	
STREET ADDRESS	305 N.W. 103 TERRACE	2 3 STREET ADDRESS	
CITY- ST- ZIP	PEMBROKE PINES FL 33026	2 4 CITY- ST- ZIP	
TITLE		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY- ST- ZIP		3 4 CITY- ST- ZIP	
TITLE		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY- ST- ZIP		4 4 CITY- ST- ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY- ST- ZIP		5 4 CITY- ST- ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY- ST- ZIP		6 4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 110.07(6)(b), 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 attachment with an address.

SIGNATURE: George M. Sherbo - GEORGE M. SHERBO 3-25-95 937-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Section 607, Florida Statutes)

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 32 PM 1:25

DOCUMENT # **P94000065523 (0)**

1. Corporation Name

OLD PONTE VEDRA ESTATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE FL 32256**
Mailing Address: **9471 BAYMEADOWS ROAD SUITE 403 JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified: **08/31/1994**
3a. Date of Last Report

2. Principal Place of Business: 22. Mailing Address

4. FEI Number: **51-3265694**
Applied For: Not Applicable

21. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. City & State 28. City & State

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip 25. Country 29. Zip 30. Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SILVERFIELD, GARY D
9471 BAYMEADOWS ROAD
SUITE 403
JACKSONVILLE FL 32256**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	SILVERFIELD, GARY D
STREET ADDRESS	9471 BAYMEADOWS ROAD STE. 403
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	D
NAME	ATKERSON, CHARLES F
STREET ADDRESS	9471 BAYMEADOWS ROAD STE. 403
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	D
NAME	CRIBB, REMBERT
STREET ADDRESS	9471 BAYMEADOWS ROAD STE. 403
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input 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	<input 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR AGENT OR DIRECTOR

Date

Typed Name