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

DOCUMENT # P9400080061

YBOR PLAZA PROPERTIES, INC.

VETERINARY, INC FLORIDA

FILED Feb 23 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address						
4210 FAIRWAY CIRCLE TAMPA FL 33624		4210 FAIRWAY CIRCLE	4210 FAIRWAY CIRCLE					
		TAMPA FL 33624				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified	JI NOL	
						10/31/1994		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				65-0534618	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	dditional
22		27				5. Certificate of Status Desired	Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added to	
Zip	Country	Zip	\vdash	untry		8. This corporation owes or has paid the cur		•
24	25 25 Name and Address of Curr	29	30			Personal Property Tax due June 30. 10. Name and Address of New Registered		J No
		ent neglistered Agent		81	Name	10, Name and Address of New Registered	Agent	
	AW, SHEILA				14dille			
	IO FAIRWAY CIRCLE				Street Address (P.O. Box Number is Not Acceptable)			
, TAI	MPA FL 33624			83				
				84	City	FL	85 Zip C	Code
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the a	above	-named corr	poration submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the Sta im fanyliar with, and accept the obli	te of Florida. Such change was gations of, Section 607,0505. F	authoriza Iorida Sta	ed by states	the corporat	tion's board of directors. I hereby accept the app	ointment as r	registered
SIGNATURE		than	The Die			2-15	-98	
SIGNATURE	Signature, typed or printed name of registered a	gent and time if applicable (NC	ΠΕ: Register	ed Age	nt signature requi	red when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	D	☐ DELETE	1.1 T				Change	Addition
NAME	SHAW, SHEILA		1.21	IAME				
STREET ADDRESS	4210 FAIRWAY CIRCLE		1.3 8	STREET	ADDRESS			
CITY-ST-ZIP	TAMPA FL 33624	D priese		CITY-S	T- ZIP		T 0	T
TATLE		☐ DELETE	2.11		ļ		Change	Addition
NAME				IAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		T OF FEE		CITY-S	T-ZIP			1 4 3 3 3 3
TITLE		☐ DELETE	3.11				Change	Addition
NAME			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELETE		CITY-S	T- ZIP		Change	Kalabi
TITLE		<u>ו</u> טנננ ונ	4.1 T				Change	
NAME			- 1	NAME				
STREET ADDRESS					ADDRESS			
CITY - ST - ZIP		☐ DELETE		ITY - ST	- ZIP		Change	Addition
TITLE	. •		5.1 1				☐ Griange	☐ Addition
NAME				IAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		T DELETE		HY-\$1	i - ZiP		Channa	A district
TITLE		DELETE	6.1 T			المراقع والمراوع والم	☐ Change	Addition
NAME				IAME		3000024 39 4 3 -02/24/980104001	30 4 8	
STREET ADDRESS					ADDRESS		.o ' 2	レスジ
CITY_CT.7/P			0.40	ity, et	r. 710	悪寒寒!555 _ 〔1〕{		

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 suppliemental 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.