SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION DIVISION OF CORPORATIONS FILED Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 96 AUG 27 PM 3: 47 P95000032766 (4) DOCUMENT # VETLAB PLUS, INC. Principal Place of Business Mailino Address 1600 A S.W. 3RD STREET BK 4/5/96 1600 A S.W. 3RD STREET POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3a. Date of Last Report Report 04/24/1995 Principal Place of Business 2a. Mailing Address Applied For 1600 A 1600 A 65-0575966 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be ompano Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s 199 032.

Flonda Statutes Yes No 25 USA 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name THORNTON, BRADLEY 4176 BAY LAUREL WAY 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, by and or printed came of registers flagent and tille if applicable. (hiO11 Registered Agent signal ire required when remarking) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D DELETE 1 CTITLE Change Addition ð NAME THORNTON, BRADLEY 1.2 NAME CR2E034 STREET ADDRESS 4176 BAY LAUREL WAY 1.3 STREET ADDRESS 1600 A CITY-ST-ZIP BOCA RATON FL 33487 33069 1.4 CHIY - ST - ZIP Pompano DELETE TITLE D ODDO194MM 21 TITLE NAME BLOOM, DAVID I DR 09/09/96--01012--004 \*\*\*\*225.00 \*\*\*\*225.0 **5030 CHAMPION WAY** STREET ADDRESS \*\*\*\*225.00 2 3 STREET ADDRESS C!TY-ST-ZIP **BOCA RATON FL 33496** 2 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE Change Addition THORNTON, BLUFORD M NAME 3.2 NAME **5030 CHAMPION WAY** STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP **BOCA RATON FL 33496** 34 CITY-SI-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CrTY - ST - ZIP TITLE DELETE 5.1 THE Change Addition NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST-ZiP THILE DELETE 6 1 TITLE Change Addition STREET ADDRESS 63STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIF 14. I do hereby certify that the information supplied with this firing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE: Bradley M Montes &

8-1-97 954 970 0733