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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000048358 (2)

MARC ELIE, D.V.M., P.A.

Principa Piac 1770 WINDWAR SANIBEL FL 33 US	RD O	PO BOX 105	SANIBEL FL 33957-0105							
						3. Date Incorporated or Qualified 06/19/1995		e of Last Re 1/1996	port	
	Place of Business	28. Mailing Addr	ess			4. FEI Number			plied For	
21		26				65-0620925			t Applicable	
Suite, Apt. #, etc.		27				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & Stat 23	tc	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	•	
Z _i ρ 24	Country 25	Zip 29	30	Country			Yes [] No	199.032,	
L	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent		
SAN	HAGOON DR (633 PERIWI) IBEL FL 33957			83 84 C	City	ess (P.O. Box Number is Not Acceptate	FL	85 Zip C		
office or n agent. La SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig TINGTY NVRT/ Signature, typed or profest name of registered agent.					oration submits this statement for the point's board of directors. I hereby accepted when reinstating)	the appo	intment as i	registered	
12.		ND DIRECTORS		13.	ignature requir	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12	
TUTLE	D	DE		1.1 TITLE				Change	Addition	
NAME	ELIE, MARC			1.2 NAME						
STREET ADDRESS	1770 WINDWARD WAY		1	1.3 STREET ADD	DRESS					
CHTY - S1 - ZIP	SANIBEL FL 33957		- 1	1.4 CHY-ST-Z	iP .					
1)fLF		DE	LETE	2.1 TITLE				Change	Addition	
NAME	1			2.2 NAME			•			
STREET ADDRESS			Ì	23 STREET ADD	DRESS					
City-St-7IP				2. 4 C(TY-ST-Z	ZIP					
TILLE		☐ DE	LETE	3.1 TITLE	(Change	Addition	
NAME			[32 NAME						
STREET ADDRESS			1	3.3 STREET ADE	DRESS					
CHY-51-20°				3.4. CITY-ST-2	ZIP	<u> </u>		<u> </u>		
TIME	1	De De		41 TITLE			İ	☐ Change	Addition	
NAME	Į.			4. 2 NAME						
STREET ADDRESS			1	4.3 STREET ADD	DAESS					
CITY-\$1-799				44 C/TY-ST-Z	iP .					
THUE	1	☐ DE	LETE	5.1 TITLE			ا	Change	Addition	
NAME			ľ	5.2 NAME						
CTICET ANOTHER	1		1	* 0.0T0CCT +01	DOCOC					

14. I do 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 13 if changed, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-S1-20P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/15/97

941472 4378

Change

FILED

Apr 22 1997 8:00am

Secretary of State

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