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Jan 29 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000074925 (5)

1. Corporation Name

VETS FAMILY ENTERPRISES, INCORPORATED

Principal Place of Business

3998 N.W. 73RD WAY
CORAL SPRINGS FL 33065

Mailing Address

3998 N.W. 73RD WAY
CORAL SPRINGS FL 33065-2154

3. Date Incorporated or Qualified

09/28/1995

3a. Date of Last Report

06/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ZAGAROLO, NICOLA L
2424 N.E. 22ND STREET
POMPANO FL 33062

10. Name and Address of New Registered Agent

81 Name PATRICIA A. VETS
82 Street Address (P.O. Box Number is Not Acceptable)
3998 NW 73 WAY
83 City
84 Coral Springs, FL
85 Zip Code 33065

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 *Patricia A. Vets*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME VETS, ROBERT S
STREET ADDRESS 3998 N.W. 73RD WAY
CITY-ST-ZIP CORAL SPRINGS FL 33065

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME VETS, PATRICIA A
STREET ADDRESS 3998 N.W. 73RD WAY
CITY-ST-ZIP CORAL SPRINGS FL 33065

1.2 NAME ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME VETS, TATIANA
STREET ADDRESS 3998 N.W. 73RD WAY
CITY-ST-ZIP CORAL SPRINGS FL 33065

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Patricia A. Vets

1/8/96

CR2E034 (9/96)