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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000080116**1. Corporation Name

ANIMAL KINGDOM VETERINARY SERVICES, INC.

		Mailing Address						
Principal Place	of Business							
6590 HOLLYWOOD BLVD. HOLLYWOOD FL 33024		6590 HOLLYWOOD BLVD. HOLLYWOOD FL 33024			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed 10/16/1995			
					4. FEI Number		App	lied For
2. Principal Pla	ce of Business	2a. Mailing Address			65-0619352		Not	Applicable
21		26				\$8.75 A	dditional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired		Fee Req		
22		27			S. S. S. Sincardina		\$5.00 N	May Re
City & State		City & State		6. Election Campaign Financing		Added to	-	
23		28			Trust Fund Contribution	ant waar lats		
Zip Country		Zip			8. This corporation owes the current year intangible Personal Property Tax.			
24	25	2930	l		10. Name and Address of New I	Registered A	Agent	
	9. Name and Address of Curren	t Registered Agent		<u> </u>	10. Name and Address of New /			
			81		_			
	s, steven e		82	82 Street Address (P.O. Box Number is Not Acceptable)				ļ
	PINES BLVD							
APAF	TMENT #20-11		83	3	•			
PEME	BROKE PINES FL 33024		8	4 City		FL	85 Zip C	Code
							changing its	registered
11. Pursuant office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statutes, of Florida. Such change was auth itions of, Section 607.0505, Florida	the abo orized b Statute	ve-named cor y the corporat s.	poration submits this statement for the ion's board of directors. I hereby acce	pt the appoi	ntment as reg	gistered
	in farminal way, and apopt and					DATE		
SIGNATURE	Signature, typed or printed name of registered age			ent signature requir	red when reinstating) ADDITIONS/CHANGES TO OI		ID DIRECTO	RS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO G	1102,1011	Change	☐ Addition
TITLE	P	☐ DELETE	1.1 TITLE		•			
NAME	STEVEN E DAVIS		1.2 NAMI					ļ
STREET ADDRESS	6590 HOLLYWOOD BLVD.		1.3 STRE	ET ADDRESS				ì
	HOLLYWOOD FL		1.4 CITY	-ST-ZIP			Change	Addition
CITY-ST-ZIP	☐ DELETE .2.1		2.1 TITLE	i				
\			2.2 NAM	E				
NAME			2.3 STR	ET AODRESS				
STREET ADDRESS			2.4 CIT	/-ST-ZIP		<u>.</u>		- Addition
CITY-ST-ZIP		☐ DELETE	3.1 TITL		-		Change	Addition \
TITLE			3.2 NAM	E.				Ì
NAME			33 STR	EET ADDRESS				İ
STREET ADDRESS			1	Y-ST-ZIP				
CITY-ST-ZIP		☐ DELETE	4.1 TITL				[]] Change	Addition
TITLE			4. 2 NA					
NAME				EET ADDRESS				
STREET ADDRESS	3							
CITY-ST-ZIP		El pereze	_	r-ST-ZIP			Change	☐ Addition
TITLE		☐ DELETE	5.1 TITL 5.2 NAM	Į.	•			
NAME			1				•	
STREET ADDRESS	3			REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP			Change	Addition
TITLE		☐ DELETE	6.1 TIT	±				_
NAME		[] DEEC 12	6.2 NA	ME				
NAME STREET ADDRES				ME REET ADDRESS				

14. I hereby certify that the information supplied with this thing 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 of 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 attact from the receiver of the corporation of the receiver of trustee/empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR