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 Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** The Pet Vet Network, Inc. Mailing Address 533 S. Howard Ave. #8-33 Principal Place of Business 540 Carillon Pkwy. #112 Tampa, FL 33606 St. Petersburg, FL 33606 3. Date Incorporated or Ovalified 3a. Date of Last Report November 30, 1995 N/A 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3363010 21 see above Not Applicable see above \$8.75 Additional Suite Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Źφ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name N/A Daniel T. White 715 Coral Reef Drive Street Address (P.O. Box Number is Not Acceptable) 82 Tampa, FL 33602 85 Zip Code City 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 for 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 if am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96)13. 12. DELETE Change 117006 TIT D/C 1 2 NAME CR2E034 NA" L Daniel T.White 1.3 STREET ADDRESS STREET ADDRESS 715 Coral Reef Drive 14 CITY - ST - ZIP CITY - ST - ZIP Tampa, FL 33602 Change Addition DELETE 2 I TITLE HILE V - Mark Weber 2.2 NAME NAME 3206 162nd Place S.E. 2.3 STREET ADDRESS STREET ADDRESS Bellevue, WA 98008 2 4 CITY - ST - ZIF CITY - ST - ZIP Change Addition DELETE 31 TITLE THILE D/P - John D'Onofrio 32 NAME 1 NAME 540 Carillon Parkway 33 STREET ADDRESS STREET ADORESS #112 34 CITY-ST-ZIP CITY - ST - ZIP St. Petersburg, FL 33606 DELETE Change Addition 4 1 TITLE TOTLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADORESS 4 4 CITY - ST - ZIP CITY-ST ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 7IP CITY - ST - ZIP 400001886154\*\* -07/08/96--01045--002 Addition DELETE TITLE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Sectle further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature nall have the same legal y Christer \$17, Florida S further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813/23/-022/

nn 119 07(3)(k), Florida Sta

\*\*\*225.00