

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

FILED
May 02 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 # P95000092428 (8)

1. Corporation Name
PROFESSIONAL VETERINARY PRODUCTS, INC.

Principal Place of Business
1850 N.W. 69TH AVENUE
SUITE 1
PLANTATION FL 33313

Mailing Address
1850 N.W. 69TH AVENUE
SUITE 1
PLANTATION FL 33313-4531

3. Date Incorporated or Qualified
12/04/1995

3a. Date of Last Report
07/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

APPLIED FOR 65-0675198

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALOVIN, ALLAN
777 SOUTH FLAGLER DRIVE
SUITE 310 - EAST TOWER
WEST PALM BEACH FL 33401

81 Name DAVID D. MUNDSCHENK

82 Street Address (P.O. Box Number is Not Acceptable)
504 SE 2ND AVENUE

83

84 City DANIA

85 Zip Code FL 33004

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

[Signature]

D. MUNDSCHENK CEO

4-23-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME AUSTIN, BILLY DR
STREET ADDRESS 1850 N.W. 69TH AVENUE SUITE 1
CITY-ST-ZIP PLANTATION FL 33313

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CEO
NAME MUNDSCHENK, DAVID DR
STREET ADDRESS 1850 N.W. 69TH AVENUE SUITE 1
CITY-ST-ZIP PLANTATION FL 33313

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VP
NAME MUNDSCHENK, SUSAN
STREET ADDRESS 1850 N.W. 69TH AVENUE SUITE 1
CITY-ST-ZIP PLANTATION FL 33313

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUZANNE MUNDSCHENK

4-23-97 (954) 321-5553

0272523

CR2E034 (9/96)