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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secrotary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092428 (8)

PROFESSIONAL VETERINARY PRODUCTS, INC.

**FILED** Apr 22 1998 8:00am Secretary of State

1	e of Business	Mailing Address				- १००१ - १००१ वर्षा वर्षा वर्षा वर्षा हरू ।	
1850 N.W. 69TH AVENUE 1850 N.W. 69TH AVENUE SUITE 1			UE				
PLANTATION FL 33313 PLANTATION FL 33313			:		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	,_,_,,,,,,,	
L					12/04/1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21		26			65-0675198	Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Required		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Z(p)	Count	ry	8. This corporation owes or has paid the		
24	25	29	30	•	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Currer	. 4			10. Name and Address of New Register	red Agent	
	JNDSCHENK, DAVID D		8	1 Name			
504 S.E. 2ND AVE.				2 Street Add	tress (P.O. Box Number is Not Acceptable)		
SUITE 310 - EAST TOWER							
DA	NIA FL 33004		8	3			
			8	4 City		- 85 Zip Code	
						=L   `   `	
11. Pursuant office or ragont. La	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the oblig.	i2 and 607.1508, Florida Stat of Florida. Such change wa alions of, Section 607.0505, I	ules, the abo s authorized Florida Statut	ive-named cor by the corpora es.	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered	
SIGNATURE	_						
	Signature, typad or printed harne of registered age			gent signature requ	ired when reinstating) DAT		
12.	OFFICERS AN	DI DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12  Change Addition	
TITLE NAME	AUSTIN, BILLY DR		1.1 TITLE			T Charge T Addition	
STREET ADDRESS	1850 N.W. 69TH AVENUE SU	IITE 1	1.2 NAM				
CITY-S1-ZIP	PLANTATION FL 33313			F1 ADDRESS			
TITLE	CEO	DETETE	1.4 CITY 2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME	MUNDSCHENK, DAVID DR		2.2 NAM				
STREET ADORESS	1850 N.W. 69TH AVENUE SU	IITE 1	1	ET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33313			'- S1 - ZIP			
TITLE	VP	DELETE	3 1 TITLE			Change Addition	
NAME	MUNDSCHENK, SUSAN		3 2 NAM	ε			
STREET ADDRESS	1850 N.W. 69TH AVENUE SU	IITE 1	3 3 STRE	ET ADDRESS			
CITY-ST-7IP	PLANTATION FL 33313		3 4. CITY	-ST-ZIP			
THILF		DELFTE	4.1 TITLE			Change Addition	
NAME			4. 2 NAM	IF .			
STREET ADDRESS			4.3 STAL	ET ADDRESS			
CITY-ST ZIP			4.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	i i		Change Addition	
NAME			5.2 NAM				
\$TREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-7IF		T per exe	5.4 CITY			F-1.5.	
TiTLE		DELETE	6.1 THELE			Change Addition	
NAME			6.2 NAMI				
STREET ADORESS			6.3 S1RE	ET ADDRESS			
	1			DT TABLE			

14. Thereby 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.

EXEC. VICE - PRESIDE INF. Sugarac Munkelberk 04-10-98 (954)321-5557