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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 05 1998 8:00am Secretary of State

	MENT # P96000 L CAT, INC.	0037335 (2)			
Principal Plac	ce of Business	Mailing Address			F 1880 18000 10108 10181 8111 1001
1931 N PINE	ISLAND RD	1931 N PINE ISLAND RD			
PLANTATION	FL 33322	PLANTATION FL 33322			
US		U\$		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a, Mailing Address	····	04/26/1996 4. FEI Number	14
21	as of the same so	26		65-0672523	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Regulred
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curren		041 11	10. Name and Address of New Register	ed Agent
SOUTH FLORIDA REGISTERED AGENTS, INC. 81 Name DAYNUECC					
	ATLAS PEARLMAN TROP & BOR		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	DEAST LAS OLAS BLVD. SUITE	1900	83	N' PINE ISLAND RO	
THE STORES TE STORE TE					
			84 City	(# N { A }	L 85 Zip Code 33322
11 Purguant	to the provisions of Sections 607 050	and 607 1609 Elected Statute		MTAMON F	L 33322
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	Signature, typed or printed name of registered age	nt and title if applicable (NOTE	Registered Agent signature requ	uired when reinstating) DAT	78
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BAUMWELL, PETER DVM		1.2 NAME		
STREET ADDRESS	2410 N. UNIVERSITY DRIVE		1.3 STREET ADDRESS		أأ
CITY-ST-ZIP	Sunrise FL Dt	- Driege	1.4 CITY - ST - ZIP		
TITLE	=	L. DELETE	2.1 TITLE		Change Addition
NAME	BAUMWELL, LORI 2410 N. UNIVERSITY DRIVE		2.2 NAME		
STREET ADORESS	SUNRISE FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	OUTTIOL I L	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		الم مردود	3.1 IIILE 3.2 NAME		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE	·	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14 I herebur	artify that the information cumplied will	h thic filing door not availbuter	the exemption stated in	Contino 110 07/21/il Elevido Ctatutae I further	and the street that the farmer of

14. I 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.

CIONATURE.

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