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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000064844 (9)

AVIAN EXOTIC & SURGICAL CONSULTANTS CORP.

## **FILED** Apr 16 1998 8:00am Secretary of State

MINN	EXOTIO & DONAIDAE DOI	TOOLIANTO COM			
Principal Place	e of Business	Mailing Address	·		l Dhaif Bhorabai
2662 N.W. 41ST \$TREET 2662 N.W. 41ST STRE BOCA RATON FL 33434 BOCA RATON FL 3345					
				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
6 Principal P	loos of Rusiness	2a. Mailing Address		08/02/1996 4. FEI Number	LANGUAGE CO.
2. Principal Place of Business		26 Page 19 Address			Applied For Not Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc.		65-0690648	5 Additional
22		27			Required
City & State	9	City & State		6. Election Campaign Financing \$5.0	00 May Be
23		28			ed to Fees
Zip Country		Zip Country		8. This corporation owes or has pald the current year Intangible	
24	25		30	Personal Property Tax due June 30. Yes	□ No
	g, Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent	
ALT	iman, robert b		81 Name		
2662 N.W. 41ST STREET			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33434			83		<del></del>
			053		
			84 City	FL 85 2	ip Code
44 Dureugot t	to the provisions of Sections 607 050	02 and 607 1508 Florida Statute	the above-named co		in its registered
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.					
-1000 $-1000$ $-1000$ $-1000$ $-1000$					
SIGNATURE Signature, typed or printed name of registrered agent and little if applicable. (NOTE Registered Age				uired when reinstaling) DATE	<i></i>
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
TITLE	D	DELETE	1.1 TITLE	☐ Chan	ge 🔲 Addition
NAME	ALTMAN, ROBERT B		1.2 NAME		
STREET ADDRESS	2662 N.W. 41ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33434		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	Chan	ge L. Addition
NAME			2.2 NAME		!
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Decemen	2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	☐ Chan	ge 🔲 Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Chan	ge Addition
NAME		D DECENT	4. 2 NAME	_ Olan	ac. Disagnon
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE	<del></del>	DELETE	5.1 TITLE	☐ Chan	pe Addition
NAME		—	5.2 NAME		[
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	<del> </del>	DELETE	6.1 TITLE	☐ Chan	ge 🔲 Addition
NAME			6.2 NAME		[
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY+ST-ZIP		ĺ
	artifu that the information guantied u	with this files does not qualify for		n Section 119 07/3\/i) Florida Statutes I further certify that	the information

a new yearny may no minormation supplied with this ining does not qualify for the exemption stated in Section 119.07(3)(f). 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 acciver 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.