


FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90004 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000044047 1. Corporation Name VET N' PET, INC.					
Principal Place of Business 1211 N PINE HILLS RD ORLANDO FL 32808			Mailing Address 1211 N PINE HILLS RD ORLANDO FL 32808		
<div style="text-align: right;">DO NOT WRITE IN THIS SPACE</div>					
2. Principal Place of Business 1211 N Pine Hills			2a. Mailing Address SAME		
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.		
22 City & State ORLANDO, FL			27 City & State		
23 Zip 32808			28 Country ORANGE		
24 Zip 32808			29 Country ORANGE		
9. Name and Address of Current Registered Agent ASSAD, SUZAN G 1211 N PINE HILLS RD ORLANDO FL 32808			10. Name and Address of New Registered Agent 81 Name ADEL ASSAD 82 Street Address (P.O. Box Number is Not Acceptable) 1211 N-PINE HILLS RD 83 84 City ORLANDO		
85 Zip Code FL 32808			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 SUZAN G. ASSAD - 4-16-99 <small>Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered agent signature required when reappointing.)</small>		
12. OFFICERS AND DIRECTORS TITLE PVP <input type="checkbox"/> DELETE NAME ASSAD, SUZAN G STREET ADDRESS 1211 N PINE HILLS RD CITY-ST-ZIP ORLANDO FL 32808			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE ASSISTANT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME ADEL ASSAD 1.3 STREET ADDRESS 1211 N-PINE HILLS RD 1.4 CITY-ST-ZIP ORLANDO FL 32808		
2.1 TITLE ASSAD, SUZAN G <input type="checkbox"/> DELETE 2.2 NAME ASSAD, SUZAN G 2.3 STREET ADDRESS 1211 N PINE HILLS RD 2.4 CITY-ST-ZIP ORLANDO FL 32808			3.1 TITLE ASSAD, SUZAN G <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME ASSAD, SUZAN G 3.3 STREET ADDRESS 1211 N PINE HILLS RD 3.4 CITY-ST-ZIP ORLANDO FL 32808		
4.1 TITLE ASSAD, SUZAN G <input type="checkbox"/> DELETE 4.2 NAME ASSAD, SUZAN G 4.3 STREET ADDRESS 1211 N PINE HILLS RD 4.4 CITY-ST-ZIP ORLANDO FL 32808			5.1 TITLE ASSAD, SUZAN G <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME ASSAD, SUZAN G 5.3 STREET ADDRESS 1211 N PINE HILLS RD 5.4 CITY-ST-ZIP ORLANDO FL 32808		
6.1 TITLE ASSAD, SUZAN G <input type="checkbox"/> DELETE 6.2 NAME ASSAD, SUZAN G 6.3 STREET ADDRESS 1211 N PINE HILLS RD 6.4 CITY-ST-ZIP ORLANDO FL 32808			7.1 TITLE ASSAD, SUZAN G <input type="checkbox"/> Change <input type="checkbox"/> Addition 7.2 NAME ASSAD, SUZAN G 7.3 STREET ADDRESS 1211 N PINE HILLS RD 7.4 CITY-ST-ZIP ORLANDO FL 32808		

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, with all other like empowered.

SIGNATURE:

SUZAN G. ASSAD **407-522-1818**
 SIGNATURE OF REGISTERED AGENT OR DIRECTOR
 4-12-99 P-120