

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S21080 (4)

1. Corporation Name

RX FOR FLEAS/SANTA CRUZ, MONTEREY, INC.



Principal Place of Business

Mailing Address

6555 N.W. 9TH AVE.
 SUITE 412
 FT. LAUDERDALE FL 33309

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 SUITE 412
 FT. LAUDERDALE FL 33309

3. Date Incorporated or Qualified

12/27/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0249179

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. 199.03? Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 2081 Bering Drive

26 Suite, Apt #, etc

22 Unit K

27 Suite, Apt #, etc

23 City & State
 San Jose, CA

28 City & State

24 Zip

25 Country

29 Zip

30 Country

95131

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YARMUTH, MELVIN
 17952 FIELD BROOK CIRCLE
 BOCA RATON FL 33496**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

(NAME)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV
 NAME YARMUTH, ROBERT S
 STREET ADDRESS 10714 SANTA LAGUNA DRIVE
 CITY-ST-ZIP BOCA RATON FL 33428

TITLE DPST
 NAME MELVIN J. YARMUTH
 STREET ADDRESS 17952 FIELD BROOK CIR
 CITY-ST-ZIP BOCA RATON FL 33496

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 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 is voluntarily furnished and 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96

954 351 9244

CR2E034 (3/96)