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

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # \$21080

1. Corporation Name

(4)

Mailing Address

RX FOR FLEAS/SANTA CRUZ, MONTEREY, INC.

2081 BERING DR. UNIT K SAN JOSE CA 33309 US		6555 N.W. 9TH AVE. SUITE 412 FT. LAUDERDALE FL 33309-2051			Date Incorporated or Qualified	3a. Dat	e of Last I	Report	
		•				12/27/1990		9/1996	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>	<del></del>	Applied For
21		26				65-0249179		\ \ \	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27				b. Certificate of Status Desired		Fee F	Required
City & State		City & State				6. Election Campaign Financing	P		May Be
23		28				Trust Fund Contribution			to Fees
Z <sub>I</sub> p	Country	Zip	Cou	ntry		8. This corporation has liability for in			s. 199.032,
24	25 9. Name and Address of Current	29 Registered Agent	30			Florida Statutes  10. Name and Address of New Reg		No	
VADI		Holistelen Mant		81	Name	10. Italio and Addiess of Hor Hel	harolad v	80111	<del></del>
YARMUTH, MELVIN 17952 FIELD BROOK CIRCLE									
	A RATON FL 33496		82 Street Add			ess (P.O. Box Number is Not Acceptab	e)		
500	A INION I E GOTOG		ŀ	83					***************************************
						· · · · · · · · · · · · · · · · · · ·		<del></del>	
				84	City		FL	<b>85</b> Zip	Code
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, typic or purited name of repostered agent and left if applicable (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typiid or printed name of registered agori OFFICERS AND		E. Hegistered	Age	nt signature require	ADDITIONS/CHANGES TO OFFIC	DATE EDC AND	DIDECTO	DC IN 12
12. TITLE	DV OFFICERS AND	DELETE '	1.1 10	îl F		ADDITIONS/OFFAINGES TO OFFICE		Change	
NAME	YARMUTH, ROBERT S		1.2 NA						
STREET ADDRESS	10714 SANTA LAGUNA DRIVE				ADDRESS				
CHY-ST-ZIP	BOCA RATON FL 33428		1.4 CF						
TITLE	DPST	DELETE	2.1 Trī		1-74			Change	Addition
NAME	MELVIN J. YARMUTH		2.2 N/	ME	Ì			_	
STREET ADDRESS	17952 FIELD BROOK CIR		2.3 ST	REET	ADDRESS				
CITY - ST - ZIP	BOCA RATON FL 33496	2		2 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 717	TLE.				Change	Addition
NAME			3.2 NA	ME					ļ
STREET ADDRESS			3.3 \$1	REET	ADDRESS				į
CITY - ST - ZIP			3 4. C	TY-S	T-ZIP				
Tale		☐ DELETE	4.1 T)	LE.				Change	Addition
	<del></del>		4 2 N	AME					
STREET ADDRESS			4 3 ST	REET	ADDRESS				
CITY-ST-7/P		······································	4.4 Ci	TY - S	r-ZIP				
TITLE		☐ DELETE	51 Ti	TLE			٠	Change	Addition
NAME			5.2 N	ME					
STREET ADDRESS			5.3 ST	REET	ADDRESS			•	
CITY-ST-ZIP			5.4 CI		T-ZIP				
TITLE		L DELETE	6.1 T)					Change	Addition
NAME			6.2 NA	ME.					
STREET ADDRESS			6.3 \$1	REET	ADDRESS				
CHTY-ST-ZIF		3b at 1 201 3 3 4 9	6.4 CI			C- 0	. 166:-		
information	n indicated on this annual report or su	ipplemental annual report is the receiver or trustee empower.	true and a vered to e	accu	irate and that	I in Section 119.07(3)(i), Florida Statute: my signature shall have the same lega t as required by Chapter 607, Florida S	l effect as	if made u	inder oath; that
SIGNATURE: WITH COURT Robert SYDUMIN 1 14/97 954551 9244									244