Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90210 007 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

i. Corporation	MENT # <b>S32920</b> & TUDIN, D.V.M., P.A.			
Principal Place	e of Business	Mailing Address		- I (Båliålik 188 tillir libin iblir (1811 bbl) dibit atbit atbit eibit eibit atbit
3184 BEE RIDGE ROAD 3184 BEE RIDGE ROAD				
SARASOTA FL		SARASOTA FL 34239		
				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 02/20/1991
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0248543 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
27 27				
City & State	e	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 the current year Intangible
24	25	29 3	<u> </u>	Personal Property Tax. LYes LNo  10. Name and Address of New Registered Agent
	9. Name and Address of Curren	t Registered Agent	81 Name	
TUDIN, RONNI				Barry m. Torine
3184 BEE RIDGE ROAD			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
SARASOTA FL 34239			83	184 Bee Ridge Rd
OAT!	A001A 1 E 04203		03	
			84 City <	ranasota FL 85 Zip Code 34239
The state of the purpose of the state of the purpose of the purpos				
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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	Pay M Torus			, = / , = / ;
OIGHTONE	Signature, typed or printed name of registered agen	/ <del></del>	egistered Agent signature require	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE	□ Onlange □ Fraultan
NAME	TORINE, BARRY M		1.2 NAME	
STREET ADDRESS	3184 BEE RIDGE ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	D per care	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	VS	☐ DELETE	2.1 TITLE	Change C Addition
NAME	TUDIN, RONNI E		2.2 NAME	
STREET ADDRESS	3184 BEE RIDGE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	□ per exe	2. 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		- Desi	3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE	
NAME	,		4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		□ nei etc	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	_ one go _ Addition
NAME			5.3 STREET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
TITLE			<u> </u>	

CITY-ST-ZIP 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-921-7481