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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

MARK	W.	CASPERMEYER,	D.V.M.,	INC.	
	•••		,,		

FILED Feb 06 1998 8:00am Secretary of State



(407)752-4220

1/2/100

Principal Place of Business Mailing Address						T TO BELL OLIDIO FINITI DOGLI DOGLO 18010 (OLI BEGLI DIDLI DEGLI DIDLI DIDLI DIDLI DIDLI			
SIOI CALUMET DR ORLANDO FL 38810		3101 CALUMET DR ORLANDO FL 32810				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						05/15/1992			
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For			
21		26				59-3125369 Not Applicable			
Sulte, Apt.	#, @ tc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Security Securi			
City & State		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 or has paid the current year Intangible			
24	25 9. Name and Address of Curre	129	30	г		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
		ur veðisreten viðerir		81	Name	10. Asine and Address of New Registered Agent			
	ASPERMEYER, MARK W.				TVairie				
	01 CALUMET DR			62	Street A	ddress (P.O. Box Number is Not Acceptable)			
Or	RLÁNDO FL 32810			83					
				84	City	FL 85 Zip Code			
11. Pursuant t	to the provisions of Sections 607.050	02 and 607 1508. Florida State	ules the al	2010	-named c	corporation submits this statement for the purpose of changing its registered			
office or re	agistered agent, or both, in the State	e of Florida. Such change was	authorize	d by	the corpo	oration's board of directors. I hereby accept the appointment as registered			
•	m temiliar with, and accept the oblig	jations of, section 607.0505, r	Torioa Stat	utes					
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable (NC	DTE Registere	d Ager	nt signature re	equired when reinstaling) DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	_D	DELETE	1.1 18	TLE	T	Change Addition			
NAME	Caspermeyer, Mark W.		1.2 NAME						
STREET ADDRESS	3101 CALUMET DR		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CI	TY-\$1	I - ZIP				
TITLE		☐ DELÉTE	2.1 (0	ΓLE		☐ Change ☐ Addition			
NAME			2.2 N/	ME					
STREET ADDRESS	e e	•			ADDRESS	v C			
CITY-ST-ZIP		Dever	2.4C		T-ZIP				
TITLE		DELETE	3.1 717			L Change Addition			
NAME			3 2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITUE		DELETE	3.4. C 4.1 TF		T-ZIP	Change Addition			
NAME		L. Dittil	4.1 U 4.2 N		}	Change Mounton			
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			4.4 CI						
TITLE		DELETE	5.1 TII		- 211	☐ Change ☐ Addition			
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5400		J				
TITLE	·	DELETE	6.1 Til			Change Addition			
NAME	٠.		6.2 NA	ME	j				
STREET ADDRESS	· 数 ·		6.3 ST	REET A	ADDRESS				
CITY-ST-ZIP	3		6.4 CI	IY-S1	- ZIP				
14. I hereby 6	ertify that the information supplied w	with this filing does not qualify	for the exe	mpl	ion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information			
officer or o	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.								