

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

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90026 043 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V37019

1. Corporation Name
MARK W. CASPERMEYER, D.V.M., INC.



Principal Place of Business **(MOVED)** Mailing Address
~~3101 CALUMET DR ORLANDO FL 32810~~ **8528 Lake Bosse Dr. Orlando, FL 32810**
8528 Lake Bosse Dr. Orlando, FL 32810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 **8528 Lake Bosse Dr.** 26 **8528 Lake Bosse Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 **Orlando, FL** 28 **Orlando FL**
 Zip Country Zip Country
 24 **32810** 25 29 **32810** 30

3. Date Incorporated or Qualified
05/15/1992
 4. FEI Number Applied For
59-3125369 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CASPERMEYER, MARK W.
3101 CALUMET DR
ORLANDO FL 32810

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address **Mark W. Caspermeyer, D.V.M., Inc.**
8528 Lake Bosse Dr.
Orlando, FL 32810
 83 City
 84 State **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETED	1.1 TITLE	Change Addition
D	<input type="checkbox"/>	1.1 TITLE	<input checked="" type="checkbox"/> <input type="checkbox"/>
CASPERMEYER, MARK W.		1.2 NAME	
3101 CALUMET DR		1.3 STREET ADDRESS	
ORLANDO FL		1.4 CITY-ST-ZIP	
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

Address change

Mark W. Caspermeyer, D.V.M.
8528 Lake Bosse Dr.
Orlando, FL 32810
U.S.A.

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: Mark W. Caspermeyer, D.V.M. 3/11/99 (407) 352-4220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)