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

Mailing Address

SUITE 1303

4121 SW 47TH AVENUE

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # V64415

. Corporation Name

Principal Place of Business

4121 SW 47TH AVENUE SUITE 1303

VETRACEUTICAL SERVICES, INC.

## FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90015 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

EL TAMBEQUAL	P PL 30414	FI. LAUDENDALE FL 33314		_ I .		
FT. LAUDERDALE FL 33314 US		US		3. Date Incorporated or Qualifed 09/11/1992	;	
	Land Business	2a. Mailing Address	<del></del>	4. FEI Number	Applied For	7,
z. Timopar ridge or addition		<b>⊢</b>	•	65-0462413	Not Applicable	16
21	# -1-	Suite, Apt. #, etc.	<u> </u>		\$8.75 Additional	1 3
Suite, Apt.	#, etc.	L		5. Certifcate of Status Desired	Fee Required	
22		City & State		6. Election Campaign Financing	\$5.00 May Be	1
City & State	e	<del>-</del>	•	Trust Fund Contribution	Added to Fees	
23	0	28	Country	8. This corporation owes the current year Inta		1
Zip ·	Country	Zip 30	¬ ´	Personal Property Tax.	Yes No	
24	25		···	10. Name and Address of New Registered	<del></del> /	1
	9. Name and Address of Current	redistaten whatt	81 Name			٦.
COH	IN, LEONARD M.				· · ·	4
4121 SW 47TH AVE STE 1303		82 Street A		ddress (P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33314			83			┨
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221	a sintered about or both in the State of	t Florida: Such chande was aut	iorized by the corboral	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	ntment as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505; Florid	a statutes.			
SIGNATURE		•	edistered Agent signature requir	red when reinstating) DATE	<del></del> ,	,
12.	Signature, typed or printed name of registered agent and title if application. (10012.10		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	_]
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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** 

Levall PolyRELESTAR de COTT

1/18/99

954-587-9805 Daytime Phone CR2F034\*(11/98