

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mentham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **562140**

(4)

1. Corporation Name

CHARLES J. SIMON, D.D.S., P.A.



Principal Place of Business

**2620 S. SEACREST BLVD.
 BOYNTON BEACH FL 33435**

Mailing Address

**2620 S. SEACREST BLVD.
 BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified
03/16/1978

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Subs. Apt. #, etc.

Subs. Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-1828340

Applied For
 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

**SIMON, ERNEST G
 100 N.E. 5TH AVE.
 DELRAY BEACH FL 33444**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person filing this report (if not the registered agent)

Signature of the Registered Agent (if not the person filing this report)

Date

12. OFFICERS AND DIRECTORS

1. TITLE DELETE

NAME **PD SIMON, CHARLES J., D.D.S.**

STREET ADDRESS **1825 LAKE DRIVE**

CITY, ST., ZIP **DELRAY BEACH FL**

2. TITLE DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

3. TITLE DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

4. TITLE DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

5. TITLE DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

6. TITLE DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

7. TITLE DELETE

NAME

STREET ADDRESS

CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST., ZIP

2. TITLE Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST., ZIP

3. TITLE Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST., ZIP

4. TITLE Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST., ZIP

5. TITLE Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST., ZIP

6. TITLE Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST., ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 attached address.

SIGNATURE:

Charles J. Simon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

407.732.3079
 Daytime Phone #

CR2E034 (12/95)