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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 575502

(0)

Principal Place	3. SATOVSKY, D.D.S.,	P.A.  Mailing Address				
4000 SHERIDAN HOLLYWOOD FI	I ST. L 33021	4000 SHERIDAN S HOLLYWOOD FL 3				
•					3. Date Incorporated or Qualified 06/12/1978	3a. Date of Last Report 03/27/1996
2. Principal Pi	ace of Business	2a. Mailing Addre	SS	······································	4. FEI Number 59-1842834	Applied For Not Applicable
Suite Apt.	#. otc	Suile, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<b>Ζ</b> φ <b>24</b>	Country 25	Zip	30	ountry	8. This corporation has liability for in	
	9. Name and Address of C				10. Name and Address of New Reg	listered Agent
	OVSKY, JAMES B.			81 Name		
	) Sheridan St. Lywood FL 33021			82 Street Addr	ess (P.O. Box Number is Not Acceptable	e)
				83		In The Control
				84 City		FL 85 Zip Code
11. Pursuant I office or n agent. Lar SIGNATURE	to the provisions of Sections 60 egyptered agen) or both, in the rin face or with and account to	<b>7</b>		above-named corporat ted by the corporat tatutes.  ared Agent signature require	oration submits this statement for the pion's board of directors. I hereby accepted when reinstanned.	urpose of changing its registered the appointment as registered
12.	OFFICER	S AND DIRECTORS	13	).	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DEI	.ETE . 1.1	TITLE		Change Addition
`NAME	SATOVSKY, JAMES B.		1.2	NAME		
STREET ADDRESS	4000 SHERIDAN ST. HOLLYWOOD FL		1.3	STREET ADDRESS		
COTY - ST - ZIF	HOLLINOOD FL	DE DE		CITY-ST-ZIP		Change Addition
TITLE NAME		<b>←</b> DE1	_	TITLE		C Change C Radillon
STREET ADDRESS.				STREET ADDRESS		
City-St-ZiP			1	4 CITY-ST-ZIP		
THLE		DE		TITLE		Change Addition
NAME			3.2	! NAME		
STREET ADDRESS			3.3	STREET ADDRESS		
CHTY-ST-ZIF				CITY-ST-ZIP		
Title		∐ DE		TITLE		L. Change L. Addition
NAME				2 NAME		
STREET ADDRESS				STREET ADDRESS		
DITLE LITTLE		DEI		TITLE		Change Addition
NAME		Special Section		NAME		
STREET ADDRESS				STREET ADDRESS		
O(TY-S1-7)2				I CITY-ST-ZIP		
TITLE		□ D£	LETE 61	TITLE		Change Addition
NAME			62	! NAME		
STREET ADDRESS			63	STREET ADDRESS		
CITY-ST-ZIP		Marie III. 14 July 101 - 14		I CITY-ST-ZIP	13- D-4 440 07/0V0 Flesh- C-4	I & uthors and & short the
informatio	o indicated on this annual repo	ort or supplemental annual re from or the receiver or trustee	port is true and empowered to	d accurate and that	d in Section 119.07(3)(i), Florida Statutes my signature shall have the same lega t as required by Chapter 607, Florida S	l effect as if made under oath: that