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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601573

(9)

WAHNISH & WAHNISH, D.D.S., P.A.

Principal Plac	e of Business	Mailing Address	Mailing Address			1 HORNTO BETAT BONDA INGOL BANK HERBOK IAKA PRODIL BUDIA DIBUL BERTI BUDIA DIBUK DIBUK DIBUK DIBUK DIBUK DIBUK
824 E. COLONIAL DR. ORLANDO FL 32803 US		188 GOLF CLUB DRIVE LONGWOOD FL 32778-40 US	LONGWOOD FL 32779-4699			
					3. Date incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26	· · · · · · · · · · · · · · · · · · ·			59-1274837 Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired
City & Stat	€	City & State				· · · · · · · · · · · · · · · · · · ·
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Country			8. This corporation has liability for intangible tax under s. 199.032,
24 25 29		29	30			Florida Statutes Yes 🗌 No
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
Wahnish, Alfred M. D				81	Name	
	GOLF CLUB DRIVE			82	Street A	Address (P.O. Box Number is Not Acceptable)
LON	IGWOOD FL 32779			83		
					- A.	
				84	City	FL 85 Zip Code
office or r	to the provisions of Sections 607 be registered agent, or both, in the Starm familiar with, and accept the obli-	te of Florida Such change was gations of, Section 607.0505, F	authorize Iorida Sta	d by tutes	the corp	I corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered a required when reinstating. DATE
12.		ND DIRECTORS	13.	o Age	и відпаличе і	a required when reinstating! ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	☐ DELEIE	117	TLE		Change Addition
NAME	WAHNISH, ALFRED M.		1.2 N	AME		_ ,
STHEET ADDRESS	188 GOLF CLUB DRIVE		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	LONGWOOD FL		1.4 0	ITY-S	T-21P	
TITLE		☐ DELETE	2.1 T	2.1 TITLE		Change Addition
NAME			2.2 N	AME		
STREET ADDRESS			238	TREET	ADDRESS	
CITY - ST - 7IP		Delete			T · ZIP	
TOTLE		☐ DELETE	317			Change Addilion
NAME STREET ADDRESS			3.2 N		+DDBC	
					ADDRESS	
CITY-ST-ZiP TITLE		DELETE	3.4. C		T-ZIP	Change Addition
NAME			4.21			, Common Carlotte
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				ITY-S		·
TITLE		☐ DELETE	5.1 T			Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP			5.4 C	ITY-S	T-ZIP	
TATLE		DELETE	6.1 T	TLE		Change Addition
NAME			6.2 N	AME		
STREET ADDRESS	15		6.3 S	TREET	ADDRESS	

14. I do 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 8 oct 13 if changed or of an attachment with an address.