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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	To we		DIVISIO	N OF CO	RPORATIO	ONS					
DOCU 1. Corporatio	MENT #	64068	3	(9	)							
STEV	en a. Sutnic	CK, D.M.D., P./	Ą.					1 (64)(6 4)(4) 640(4	18418 Birer 1018	8 (ij) <b>8</b> 2801 <b>8</b> 4	811 <b>6</b> 1611 618**	
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łrincipa: Płac	e of Business		Mail	ling Address		* /- ·· -u- *******************************			i de la composição	O IRAN OVORE OI	DII OADII BABAF	
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	CH FL 33140-3516			IAMI BEACH FI	33140-35	16		3. Date Incorporated of	O alford	To- Day	e of Last Re	
								08/29/1979	or Crualilled		5/01/198	
	Place of Business		<b>⊢</b> -¬	Mailing Addres	s			4, FEI Number	,		<b>-</b>	Applied For
Suite, Apt	. #, etc.		26	Suite, Apt. #, e	tc.			59-1934006				Not Applicable Additional
			27			T TEMPORE CONTRACTOR		5. Certificate of Status	: Desired			Required
Gity & Sta	ile		28	City & State				6. Election Campaign Trust Fund Contribu	-			May Be
Zip	· · · · · · · · · · · · · · · · · · ·	Country		Zip		Country	,	8. This corporation has				199.032,
1	25		[29]		30	0]		Florida Statutes		□No		
	g, Name and	Address of Currer	nt Hegiste	erea Agent		81	Name	10. Name and Addres	st of New F	legistered	Agent	
	CK, STEVEN					82	Street Ado	dress (P.O. Box Number is N	ot Acceptab	nle)		***************************************
	RTHUR GODFRE						0.10017130	3,033 (				
MIAMI	BEACH FL 3314	40				83						
											85 Zg	Code
						84	City			FI	65 27	, 0000
11. Pursuant	Lto the provisions	of Sections 607.0502	2 and 607.	.1508, Florida S	Statutes, 1	- 1	1 '	pration submits this statemen	nt for the pur	FL rpose of ch	_     `	
II. Pursuant or registe familiar v	I to the provisions a ered agent, or both with, and accept the	of Sections 607.0502 i, in the State of Flori e obligations of, Sect	2 and 607. ida. Such o tion 607.08	.1508, Florida S change was au 505, Florida St	Statutes, 1 othorized b atutes	- 1	1 '	pration submits this statement and of directors. I hereby acc	nt for the pur ept the app		_     `	
						he above to by the corp	namied corpo oration's bo		nt for the pure	rpose of chointment a	_     `	
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outh, that I am an officer or director At the collegation 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 ghapter 47,777, attachment with an address.

NING OFFICER OR DIRECTOR

SIGNATURE:

355316646