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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # F62838

(0)

1. Corporation TERRY Principal Place	GLENN MAX, D.D.S., P.A.	Mailing Address			
C/O TERRY GLENN MAX C/O TEL 5455 NORTH FEDERAL HIGHWAY. SUITE C 5455 NO		C/O TERRY GLENN II 5455 NORTH FEDERA	IL HIGHWAY, SUITE C		
DOOR RAIDE	4 FL 30407-4394	BOCA RATON FL 334	187-4994	3. Date Incorporated or Qualified	3a. Date of Last Report
				01/12/1982	04/14/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2161801	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Z1;+	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25 9. Name and Address of Curren	29	[30]	· · · · · · · · · · ·	□No
	9. Name and Address of Curren	it Hegistereo Agent	81 Name	10. Name and Address of New F	legistered Agent
MAY TO	DOV OLENN		IN.ATHE		
MAX, TERRY GLENN 5455 NORTH FEDERAL HIGHWAY, SUITE C				ress (P.O. Box Number is Not Acceptat	le)
BOCA RATON FL			83		
DOOR II	ATON I C				
			84 City		FL 85 Zip Code
familiar with	ad agent, or both, in the State of Fioric h, and accept the obligations of, Sections System to burn to provide rack of produced as con-	ion 607.0505, Florida Statute:	ZELL D. The Comporation's boa	ration submits this statement for the pur ro of directors. I hereby accept the app	ontment as registered agent. I am
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1 + TITLE		☐ Change ☐ Add-tion
NAME OTOSET ADDRESSO	MAX, TERRY GLENN		1.2 NAME		
STREET ADDRESS CITY+ST-ZIP	5455 N. FEDERAL HWY, C BOCA RATON FL		1.3 STHEET ADDRESS		
TITLE	ST	DELETE	1.4 CITY - S1 - ZIP 2.1 TITLE		Change Addition
NAME	MAX, TERRY GLENN	L. .,	2 2 NAME		Change Addition
STREET ADDRESS	5455 N. FEDERAL HWY, C		2 3 STREET ADDRESS		
C+TY+ST+ZiP	BOCA RATON FL		2 4 D/TY - ST - Z/P		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		_
STREET ADDRESS			3.3 SFRELL ADDRESS		
CITY - ST - ZIP		E bolest	3.4 CIFY - ST - ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME STREET ADDRESS			4.2 NAME		
CITY - ST - ZIP			4 3 STREET ACORESS		
TITLE		DELETE	4.4 CICY+S*+ZIP 5.1 TIFLE		☐ Change ☐ Addition
NAME		<u> </u>	5.2 NAME		Orange Audition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-\$1-ZIP		
THLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	and first thank the safe		64 CITY-ST-ZIP		
14. I do hereby certify that toath; that I		a report or supplemental ann abo r or the receiver or truste	histhed and does not qualify fill utal report is true and accoura to eninowered to execute this	or the exemption stated in Section 119. te and that my signature shall have the s report as required by Chapter 607, Fic	

4/10/96 (407) 997-6622