**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H65927 1. Corporation Name

SOLL A.	DAVID & ASSOCIATES, P.	Α.						
Principal Place	e of Business	Mailing Address					8)841 01011 81811 B11	
10991-20 SAN J	IOSE BLVD	10991-20 SAN JOSE BLV	/D					
JACKSONVILLE FL 32223 JACKSONVILLE FL 32223						DO NOT WRITE IN TH	IS SPACE	
	•					3. Date Incorporated or Qualifed	O O! AOL	
						07/10/1985		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Apr	lied For
21		26				59-2560185	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	,
22		27				3, 00,1100,00	Fee Red	
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00 t	· ·
23	Country	28 Zin	Cou	untry		Trust Fund Contribution	Added to	rees
Zip	Country 25	Zip 29	30	ariu y		This corporation owes the current year I     Personal Property Tax.		ÇM3
24	9, Name and Address of Curre		[30]	Ι		10. Name and Address of New Registere		
	9. Name and Address of Curre	in registered Agent	· · · · ·	81	Name	10.		
DAVI	D, JOEL A			82	Ctreat Addre	ess (P.O. Box Number is Not Acceptable)		
10991-20 SAN JOSE BLVD.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
JACH	KSONVILLE FL 32223			83				
				84	City		85 Zip C	ode
				1 1	•	Foration submits this statement for the purpose		
SIGNATURE	m familiar with, and accept the oblig				nt signature required	when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.	1		ADDITIONS/CHANGES TO OFFICERS		
TITLE	P	☐ DELETE	1.1 TI	ITLE			Change	Addition
NAME	DAVID, JOEL A., D.M.D			IAME				
STREET ADDRESS	10991-20 SAN JOSE BLVD		1.2 N	LOVIL				
CITY-ST-ZIP					ADDRESS			
01/1-01-21	JACKSONVILLE FL		1.3 S <sup>2</sup>	TREET			Change	[T] Addition
TITLE	JACKSONVILLE FL	☐ DELETE	1.3 S 1.4 Cl 2.1 Ti	TREET SITY-SI		\$	☐ Change	Addition
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14. 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 Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-\$T-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90199 018 \*\*\*150.00