

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

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90099 034 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H70853

1. Corporation Name
ELLIOTT M. ZANK, D.D.S., P.A.

Principal Place of Business 4783 N CONGRESS AVE BOYNTON BEACH FL 33462	Mailing Address 4783 N CONGRESS AVE BOYNTON BEACH FL 33462
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <i>Same</i>	22 Suite, Apt. #, etc.	26 <i>Same</i>	27 Suite, Apt. #, etc.	08/12/1985	
23 City & State		28 City & State		4. FEI Number	
24 Zip	25 Country	29 Zip	30 Country	59-2645673	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
ZANK, ELLIOTT M. 4783 N CONGRESS AVE LANTANA FL 33462				<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Applied For	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
				<input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> 8. This corporation owes the current year Intangible Personal Property Tax.	
10. Name and Address of New Registered Agent				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

81 Name		85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)		FL	
83			
84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 2/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANK, ELLIOT	1.2 NAME	
STREET ADDRESS	4753 N CONGRESS AVE.	1.3 STREET ADDRESS	<i>Same</i>
CITY-ST-ZIP	BOYNTON BCH. FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE: *[Signature]* DATE: 2/12/99 DAYTIME PHONE #: 561-434-0550

CR2E034 (11/98)