

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000055434 (2)**

1. Corporation Name
JEFFREY M. STEIN, D.D.S., M.S.D., P.A.



Principal Place of Business: **1601 S HIGHLAND AVE CLEARWATER FL 34616**
Mailing Address: **1601 S HIGHLAND AVE CLEARWATER FL 34616**

3. Date Incorporated or Qualified: **07/25/1994**
3a. Date of Last Report: **04/04/1995**
4. FEI Number: **59-3256189**
Applied For: Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

9. Name and Address of Current Registered Agent
**STEIN, JEFFREY M
1601 S HIGHLAND AVE
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent
81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code

11. Pursuant to the provisions of Sections 607.0402 and 607.1506, 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 607.0402, Florida Statutes.

SIGNATURE: *Jeffrey M Stein* DATE: **4/15/96**

12. OFFICERS AND DIRECTORS
P STEIN, JEFFREY M
1601 S HIGHLAND AVE
CLEARWATER FL
VPT STEIN, KATHLEEN M.
1601 S. HIGHLAND AVE
CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE; 12 NAME; 13 STREET ADDRESS; 14 CITY-STATE-ZIP
2. TITLE; 22 NAME; 23 STREET ADDRESS; 24 CITY-STATE-ZIP
3. TITLE; 32 NAME; 33 STREET ADDRESS; 34 CITY-STATE-ZIP
4. TITLE; 42 NAME; 43 STREET ADDRESS; 44 CITY-STATE-ZIP
5. TITLE; 52 NAME; 53 STREET ADDRESS; 54 CITY-STATE-ZIP
6. TITLE; 62 NAME; 63 STREET ADDRESS; 64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 officer or business empoyee(s) 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.

SIGNATURE: *Jeffrey M Stein* **JEFFREY M. STEIN** DATE: **4/15/96** (813) 586-2717

CR2E034 (12/95)