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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # S65877

SHOFNOS & ADAMI, D.D.S., P.A.

Principal Place of Business Mailing Address					-			MII MINI DINI 4)(#((3 (#() (##)	
12129 SHERIDA		12129 SHERIDAN STREET								
COOPER CITY FL 33026 COOPER CITY FL 3302						DO NOT WRITE	IN THIS	SPACE		
						3. Date Incorporated or Qualifed				
						07/12/1991			ł	
Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For	
21 26						65-0271151		No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			<u></u>	†—————————————————————————————————————]	\$8.75 / Fee Re		
City & Stat	e	City & State				6. Election Campaign Financing	7	\$5.00	May Be	
23		28				Trust Fund Contribution	J	Added		
Zip Country		Zip Cou				8. This corporation owes the curren	year Inta	angible		
24	25	29 30				Personal Property Tax.	•	Yes	□No	
9. Name and Address of Current Registered Agent						10. Name and Address of New Reg	istered .	Agent		
			81	T	Name					
SOLOMON, JIM 1180 S POWERLINE RD			82	2	Street Addres	ss (P.O. Box Number is Not Acceptable	9)			
STE 207-209			83	+				 		
POMPANO BEACH FL 33069			0.3	•						
1 011	11 AITO DE TOTT E 30000		84	T	City		FL	85 Zip	Code	
? office or r	egistered agent, or both, in the State c im familiar with, and accept the obligat	of Florida, Such change was autho lons of, Section 607.0505, Florida	Statute:	/ th	e corporation	ration submits this statement for the purishboard of directors. I hereby accept to	ne appoir	itment as re	gistered	
12.	Signature, typed or printed name of registered agent		13.	int si	ignature required i	ADDITIONS/CHANGES TO OFFIC		D DIRECTO	ORS IN 12	
TITLE			1.1 TITLE			7.05(10.10.10.17.11.02.0.10.01.11.1	22713711	Change	Addition	
NAME			1.2 NAME					_, -	_ [
STREET ADDRESS	10100 OUEDIDAN OT			1.3 STREET ADDRESS						
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-5						}	
TITLE			2.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME	ADAMI, DDS R		2.2 NAME							
STREET ADDRESS	12129 SHERIDAN ST	129 SHERIDAN ST 231		2.3 STREET ADDRESS					1	
CITY-ST-ZIP	COOPER CITY FL 33026 2.4		2. 4 CITY-ST-ZIP		ZIP					
TITLE			3.1 TITLE					Change	Addition	
NAME	3.2		3.2 NAME						- 1	
STREET ADDRESS	3.3		3.3 STREET ADDRESS		DDRESS		`			
CITY-ST-ZIP			34 CITY-ST-ZIP		ZIP					
TITLE	☐ DELETE 4.1		1.1 TITLE		}			Change	☐ Addition	
NAME		i i	4. 2 NAME						1	
STREET ADDRESS			4.3 STREET ADDRESS		DDRESS				}	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		ZIP		<u> </u>	Change:	Addition	
TITLE			5.1 TITLE		1			Change	Addition	
NAMIC			E 2 NIABAT		1				1	
NAME STREET ADDRESS			5.2 NAME 5.3 STREE		nness	•			}	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption state in Section 119.01(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 agnature 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 changes, or on an attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

FILED

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90118 007 ***150.00

Daytime Phone

Change

Addition