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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

463255

(0)

ABEL & CHASE, D.D.S., A PROFESSIONAL ASSOCIATION

## **FILED** Mar 19 1998 8:00am Secretary of State



Principal Place		Mailing Address						
	AD. SUITE 215	7600 RED ROAL						
SOUTH MIAMI FL 33143-5487		SOUTH MIAMI FL 33143-5487			DO NOT WRITE IN	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 10/01/1974			
2. Principal Pla	ace of Business	2a. Mailing Addr	ess		4. FEI Number	Ar	plied For	
H		26			59-1551473		ot Applicable	
Suite, Apt. 4	t, etc	Suite, Apt. #,	etc.		5. Certificate of Status Desired	, , , , , , ,	Additional equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid			
24	25	29	30	<u> </u>	Personal Property Tax due June 3		_ No	
	9. Name and Address of Curre	ent Registered Agent		T ::	10. Name and Address of New Regi	stered Agent		
	el, ronald			81 Name				
760	IO RED ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable	•)		
<b>\$</b> . I	MIAMI FL 33130							
				83				
				84 City		FL 85 Zip	Code	
44 Diversion 1	a the provinces of Sections 607 Of	02 and 607 1508 Florid	da Statutos, the a	nove-panied co	rporation submits this statement for the pur	roose of changing i	ts registerer	
office or re	ogistered agent, or both, in the Stat	e of Florida, Such chan	ge was authorize	by the corpora	ation's board of directors. I hereby accept	the appointment as	registered	
agent Lar	m familiar with, and accept the obli	gations of, Section 607.	.0505, Florida Stat	utes.				
A. A T								
SIGNATURE .		. I had but if an about to	ANOTE Projetore	Agent signatura ran	rived when reinstalling)	DATE		
	Signature, typod or printed name of regulators as			l Agent signature req	ulrad when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECTOR	R\$ IN 12	
12.		ND DIRECTORS	13.		ulted when reinstating) ADDITIONS/CHANGES TO OFFICE			
12.	OFFICERS AF		13. ELETE 1.1 TO	TLF		RS AND DIRECTOR		
12. TITLE NAME	OFFICERS AF PD ABEL, RONALD H.	ND DIRECTORS	13. LETE 1.171 1.2 No	TLF ME		RS AND DIRECTOR		
12. TITLE NAME STREET ADDRESS	OFFICERS AF PD ABEL, RONALD H. 7600 RED ROAD	ND DIRECTORS	13. LETE 1.171 1.2 N 1.3 S	ILF IME REET ADDRESS		RS AND DIRECTOR		
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