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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT# F40

1. Corporation	Name # 513895									
•	M. SPINNER, D.P.M., P.A.									
OILAFIA	M. Of HAVELI, Did Mar. 1 44					1 (40) B)	. (1101 1011) (8181 611) (eraki akali ahali alahi	ALBUM BABA ABBI	
	·									
Principal Place	of Business	Mailing Address				1	11161 18116 18161 6111 1	Tren dibit eren bibit	#1611 E1611 (691	
301 NW 84 AVE	:	301 NW 84 AVE								
S200				1 00	NOT WORTE IN	THIS SDACE				
PLANTATION FL 33324 US US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
US		US				10/01/1976	a Quameu			
2 Ovincinal Di	and of Pupinger	2a. Mailing Address				4. FEI Number		A	pplied For	
^ ^ _	N. UNIVENSITY Dr.	26 201 N. UNII	JEMSI	174	DR.	59-1694961			lot Applicable	
Suite, Apt.	1 0 0 0	Suite, Apt. #, etc.							Additional	
27 SUITE 110 27 SUITE 110						5Certifcate of Status	Desired		Required	
City & State		City & State	£			6. Election Campaign	Financing	\$5.00	May Be	
23 YCM	TATION FL	28 PLANTATION	<u> </u>	<u> </u>		Trust Fund Contribu	ition	Added	to Fees	
Zip 333	Country	Zip	Country	· A a h		8. This corporation ow				
24 555	25 27 30 7 7 7 7	29 33324 30	1 Dro	WARL	,	Personal Property 1			□No	
	9. Name and Address of Current F	tegistered Agent	81	Nema		10. Name and Addres	s of New Registe	ared Agent		
CDIN	NED STEVEN M		81	Name		,		-		
SPINNER, STEVEN M 301-NW-94TH AVENUE ZOI N. UNIVERSITY DRZ 82 Street Addre					Addres	ss (P.O. Box Number is I	lot Acceptable)		1	
#200 SUITE 110							•			
PLANTATION FL 33324				1						
FEMILIATION I E 30024				City		,		85 Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co					COTOO	ration cubmite this statem	ent for the purpos	se of changing it	s registered	
office or re	saintared agent or both in the State of	Fiorida. Such change was auth	ınrızen nv	ine coruu	pration	's board of directors. I he	ereby accept the a	appointment as re	egistered	
agent. I ai	n familiar with, and accept the obligation	ns of, Section 607.0505, Florida	a Statutes	5.					-	
SIGNATURE	Signature, typed or printed name of registered agent ar	ad title if apolicable (NOTE: Re	nistered Age	nt signature re	equired v	when reinstating)	DA ³	TE	<u> </u>	
12.	OFFICERS AND		13.			ADDITIONS/CHANG	ES TO OFFICER	S AND DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE					Change	Addition	
NAME	SPINNER, STEVEN		1.2 NAME					_		
STREET ADDRESS	COA NEW CA AVE COOK			T ADDRESS	2	LANTATION PC 33324				
CITY-ST-ZIP	PLANTATION FL		1.4 C/TY-S	T-ZiP	PL	MOTHATION	FC 337	<u> </u>		
TITLE		☐ DELETE	2.1 TITLE					☐ Change	☐ Addition	
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREE	T ADDRESS						
CITY-ST-ZIP	ي ڪارين منجاني سان پارٽيم رهيد		2. 4 CITY-	ST-ZIP		جربي ۔ . نيب	المرجوبي عالما			
TITLE		☐ DELETE	3.1 TITLE					☐ Change	Addition	
NAME			3.2 NAME						1	
\$TREET ADDRESS			3.3 STREE	TADDRESS					}	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			4,000			
TITLE		☐ DEFELE	4.1 TITLE					☐ Change	Addition	
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	T ADDRESS						
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			·			
TITLE		☐ DELETE	5.1 TITLE					Change	Addition	
NAME			5.2 NAME							
STREET ADDRESS				TADDRESS				•	,	
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP		 				
TITLE		☐ DELETE	6.1 TITLE					Change	Addition	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

(954) 370-2400