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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 534166 (4)

DAVID D. FEUER, D.D.S., P.A.

FILED Feb 11 1998 8:00am Secretary of State

Pr	incipal Place of Busines	.s	Mailing Addre	ess	en to			
1708 NORTH FEDERAL HIGHWAY P.O. BOX 1626 LAKE WORTH FL 33460			1708 NORTH FEDERAL HIGHWAY P.O. BOX 1626 LAKE WORTH FL 33460				DO NOT WRITE IN THIS SI 3. Date incorporated or Qualified 05/16/1977	PACE
2. Principal Place of Business			2a. Mailing Ar	2a. Mailing Address			4. FEI Number	Applied For
21	ที		[26]	26			59-1740263	Not Applicable
22	Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.		Certificate of Status Desired	\$8.75 Additional Fee Required	
23	City & State		City & Sta	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip	Country 25	7 ₁ p				B. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes ☐ No
Name and Address of Current Registered Agent						10, Name and Address of New Registered Agent		
FEUER, DAVID D. 1708 N. FEDERAL HIGHWAY LAKE WORTH FL 33460					81	Name		
					82	82 Street Address (P.O. Box Number is Not Acceptable)		
					83			
					84	City	FL	85 Zip Code
11	office or registered ac	gent, or both, in the St		hange was authori	zed by	the corpora	rporation submits this statement for the purpose of a ation's board of directors. I hereby accept the appo	

SIGNATURE								
			required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD DELETE	1.1 TITLE	Change Addition					
NAME	FEUER, DAVID D.	1.2 NAME						
STREET ADDRESS	1708 N. FEDERAL HWY	1.3 STREET ADDRESS						
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP						
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME		2.2 NAME	`\					
STREET ADDRESS		2.3 STREET ADDRESS	``					
CITY-ST-ZIP		2. 4 CITY - ST - ZIP						
TITLE	DELETE	3.1 TITLE	☐ Change ☐ Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY+ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS	•					
CITY - ST - ZIP		4.4 CITY-ST-ZIP						
TITLE	DELETE	5.1 TITLE	Change Addition					
NAME		. 5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	Change Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 CITY-ST-2IP						

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 proporation or the accurate 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 for on the attachment with an address.