## 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 # 576800

JACK J. POWER, D.D.S., P.A.

Principal Place of Business					
4950 LEJEUNE ROAD					
SUITE "C"					
CODAL CARLES EL 33146					

## **FILED** Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90052 017 \*\*\*150.00



4950 LEJEUNE ROAD	4950 LEJEUNE HOAD				
SUITE "C"  CORAL GABLES FL 33146  SUITE "C"  CORAL GABLES		46	DO NOT WRITE IN THIS SPACE		
CORAL GABLES FL 33146	OTHE GREEN TO THE		3. Date Incorporated or Qualifed 07/01/1978		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
	26		59-1828931	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
22 27 City & State City & State		<u> </u>	6. Election Campaign Financing	\$5.00 May Be	
_ 5.1, u 5.11.5			Trust Fund Contribution	Added to Fees	
23		Country	8. This corporation owes the current ye	ar Intangible	
— <del></del>	' <del>⊢</del> '	30	Personal Property Tax.		
9. Name and Address of Current Registered Agent		130[	10. Name and Address of New Registered Agent		
	SS OF CUITERL REGISTERED Agent	81 Name			
POWER, JACK J. DDS		·			
JACI 4950 LEJEUNE ROAD		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
SUITE "C"			্বস্থান কৰা প্ৰতিষ্ঠান কৰিছে	数1804 全2004 第2004 全2004 2000 2000 2000 2000 2000 2000	
_	46	83			
CORAL GABLES FL 331	40	84 City .	TO BY TO CHIEF THE CO.	. Igs   Zin Code	
	and a summer at the more than	.     1		FL   S   Z   D OOGS	
11. Pursuant to the provisions of Sec	ctions 607.0502 and 607.1508, Florida Sta	tutes, the above-named c	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing its registered	
office or registered agent, or bott	h, in the State of Florida. Such change wa	s authorized by the corpor Florida Statutes	orporation submits this statement for the pulpo- ation's board of directors. I hereby accept the	appointment as registered	
· · · · · · · · · · · · · · · · · · ·	cept the obligations of, decitor our soud,	, John Grand	and the second second		
SIGNATURE	ne of registered agent and title if applicable. (N	OTE: Registered Agent signature req	puired when reinstating) ( ) A ( )	TE	
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICER	RS AND DIRECTORS IN 12	
LBB	DELETE	1.1 TITLE	52.0201	☐ Change ☐ Addition	
DOWED LACK I		1.2 NAME	Service of the Servic		
ACES LE LEUNIE DE	•	1.3 STREET ADDRESS		•	
STREET ACCURAGE					
CITY-ST-ZIP CORAL GABLES I		1.4 CITY-ST-ZIP		Change Addition	
TITLE S	☐ DELETE	1			
NAME STAVROS, IRENE		2.2 NAME			
STREET ADDRESS 4950 LEJEUNE RI		2.3 STREET ADDRESS			
CITY-ST-ZIP CORAL GABLES I	FLyngryd yr y	2.4 CITY-ST-ZIP			
TITLE PARTY STATE CONTRACTOR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
- こうこう はいしゅう かんしょう	,	3.2 NAME			
TO STAND SERVED BY A STANDARD OF THE STANDARD SERVED SERVE	*	3.3 STREET ADDRESS	\$1. 约2. 人名英格兰人名 第二编数据编辑	型的 1811 1811 1811 1811 1811 1811 1811 18	
STREET ADDRESS E 'C'		3.4. CITY-ST-ZIP		[第] 計劃 医原门静	
CITY-ST-ZIPCO AL CAST CO ST. 10.51	DELETE		<del>ा । १ क्षेत्र के देश है के देश के</del>	Change : Addition	
TITLE .		4. 2 NAME			
NAME ENERGY TOP CO	- 255 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•		
STREET ADDRESS	inger var Operation of the state of the	4.3 STREET ADDRESS			
CITY-st-zip <sup>4</sup> 研制 社社 合注4		4.4 CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE	☐ DELETE				
NAME		5.2 NAME	23 1 H 1		
STREET ADDRESS		5.3 STREET ADDRESS .	.1:186251	•	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	491:354 Bi	<u></u>	
TIDE TOYALL CHOR C	DELETE	6.1 TITLE		☐ Change ☐ Addition	
4950 1515U91 R	Q20	6.2 NAME			
- L CCPAEAS & 35 :		6.3 STREET ADDRESS			
STREET ADDRESS S		6.4 CITY-ST-ZIP			
CITY_ST_ZIP		0.4 OH 1-01-VII			

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.