

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

FILED

Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90052 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 576800

1. Corporation Name

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

Principal Place of Business

4950 LEJEUNE ROAD
SUITE "C"
CORAL GABLES FL 33146

Mailing Address

4950 LEJEUNE ROAD
SUITE "C"
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1978

4. FEI Number

59-1828931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

JACK J. POWER, D.D.S.
4950 LEJEUNE ROAD
SUITE "C"
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	POWER, JACK J. DDS	
STREET ADDRESS	4950 LEJEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STAVROS, IRENE	
STREET ADDRESS	4950 LEJEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	POWER, JACK J. DDS	<input type="checkbox"/> DELETE
NAME	POWER, JACK J. DDS	
STREET ADDRESS	4950 LEJEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	POWER, JACK J. DDS	<input type="checkbox"/> DELETE
NAME	POWER, JACK J. DDS	
STREET ADDRESS	4950 LEJEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	POWER, JACK J. DDS	
STREET ADDRESS	4950 LEJEUNE ROAD	
CITY-ST-ZIP	CORAL GABLES FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034(11/98)