SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

STEPHEN J. DEVACK, D.D.S., P.A.

(0)

FILED Jul 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address											AN DEBNE B		
4800 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 83319-3307			460	4600 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33319-3307						TE IN TUIC	ODACE		
									3. Date Incorporated or Qualified	***********	SPACE		
									11/02/1978				
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		- 1-	Applic	ed For
21			26	26					59-1862962				pplicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	П	\$8.7	5 Add	litiona!
22			27	- 4					o. Commedia of Status Desired		Fe	e Requi	ired
City & State			28	City & State				1	Election Campaign Financing Trust Fund Contribution	\Box		00 Ma	
Zip	Country			Zip Cou					8. This corporation owes or has p	ald the cur			
24	25		29	29 30		-		`	Personal Property Tax due Jur	1	Yes	I N	
	9. Name	and Address of Curren	t Regis	tered Agent				11	0. Name and Address of New R		Agent		
	ENCE M., ESQ.				81	Name							
4600 WEST COMMERCIAL BLVD.						82	Street	Address ((P.O. Box Number is Not Accepta	ble)			
FT. (Lau de rda	LE, FL L 33319							(io. box itamber is ital recopia	5.07			
1.7	ý j	•				83							•
	₽ 1					84	City	· · · · · · · · · · · · · · · · · · ·	L.	FL	85 2	Zip Cod	le
11. Pursuan	t to the provis	sions of sections 607.0502	2 and 60	7.1508, Florida Statu	ites, the at	DOVE-	named o	corporation	n submits this statement for the pu	roose of ch	anging if	s regist	ered
Office or	registered as	gent, or both, in the State with, and accept the obliga	of Flori	da. Such change was	authorize	ad by	the cord	poration's I	board of directors. I hereby accep	t the appoir	itment a	s regist	ered
SIGNATURE	<u></u> .												
	Signature, typed	or printed name of registered agen					ent signati	ure required w	vhen reinstaling)	DATE			
12.	00	OFFICERS AN	D DIRE		13.				ADDITIONS/CHANGES TO OF	ICERS AN	D DIREC	CTORS	IN 12
TITLE	PD	STEPHEN L.		DELETE	1.1 T					Į	Chan	ge L	Addition
NAME		COMMERCIAL BLVD				1.2 NAME							
STREET ADDRESS		ERDALE FL				1.3 \$TREET ADDRESS							
CITY-ST-ZIP TITLE	ri. LAUD	ENDALE FL			1.4 C 2 1 T	ITY-ST-	ZIP	ļ		,	_		1
NAME				LI DELETE	2 1 I			Ì		Ĺ	Chan	ge	Addition
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NAME				□ prerie	3.2 N					L	Chan	9a	J Addition
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NAME					4.2 N	AME						,	
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STREET ADDRESS			17		6.3 ST	REETA	ADDRESS						
CITY-ST-ZIP					6.4 C	TY-ST-	ZIP	L					

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 armual report is true and specified and specified as if made under oath; that I am an officer or director of the corporation or the sequence of the corporation or the sequence ampowered 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 indirect.