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

PROFIT CORPORATION **ANNUAL REPORT**

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 595494

(6)

DAVID C. ESSER, D.D.S., P.A.

Country

9. Name and Address of Current Registered Agent

25

ESSER, DAVID C., D.D.S. 1590 NW 10TH. AVE.#302

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED

Feb 18 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address 1590 NW 10TH. AVE.#302 1590 NW 10TH, AVE.#302 **BOCA RATON FL 33486** BOCA RATON FL 33486

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DO NOT WRITE IN THIS SPACE

 \Box

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Not Applicable

3. Date Incorporated or Qualified

11/30/1978

<u>59-1861813</u>

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

1590 NW 10TH. AVE.#302		82 Street /	82 Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON, FL L 33486		83			
		84 City	FL 85 Zip Co	ode	
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 manue of registered agent and title 4 applica	ble (NOTE: F	legistered Agent signalure	required when reinstaing) DATE		
12. OF LICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE PTS	DELETE	1.1 TITLE	j Change	Addition	
NAME ESSER, DAVID C		1.2 NAME		1	
STREET ADDRESS 1590 NW 10TH, AVE.#302		1.3 STREET ADDRESS			
City-St-ZiP BOCA RATON, FL 00000	DELETE	14 CiTY - ST - ZIP		1 4 4 200	
TITLE	T DETELE	21 TITLE	L_] Change	☐ Addition	
NAME		22 NAME		İ	
STREET ADDRESS		2.3 STREET ADDRESS		İ	
CITY-ST-ZIP	DELETE	2.4 CHY-S1-7/P	Change	Laddings	
TITLE	L) bereit	3.1 TITLE	L. Change	☐ Addition	
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STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE	3.4. CHY+ST-7IP 4.1 TITLE	Change	Addition	
NAME	L. DITEIL		criange	L Addition	
STREET ADDRESS		4. 2 NAME		1	
		4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	Change	Addition	
NAME	_ orecin	5.2 NAME	One-rigo	L Monton	
STREET ADDRESS		1		1	
CITY-ST-ZIP		5.3 STREET ADDRESS		1	
TITLE	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	Change	Addition	
NAME		6.2 NAME	only	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS		6.3 STREET ADDRESS		1	
CITY-ST-ZIP		6.4 CiTY+ ST+2/P			
14. I hereby certify that the information supplied with this filing do	es not qualify for t	he exemption states	d in Section 119.07(3)(i), Florida Statutes. I further certify that the in	formation	
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 eath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in					
officer or director of the corporation or the recorder 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 only the ment with an address.					
SIGNATURE: David Court 2,12-98					

Country

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