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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthanii Secretary of State DIVISION OF CORPORATIONS

1996

601034 **DOCUMENT #**

(2)

| 1. Corporation N | L. WEINKLE, D.D.S., P. | Α. | | | | | | | |
|---------------------------------|--|---|---------------------------------------|-----------------|--|---|------------------------|-------------|-------------------------------|
| Principal Place of | Business | Maling Address | | | | 4 ladies Attit Maiat Hatt metan titt | | . 4191 8191 | . 4.011 01411 1991 |
| | SODFREY ROAD | 960 ARTHUR GODE SUITE 312 | REY ROAD | | | | | | |
| STE 312 Miami Beach FL 33140 | | MIAMI BEACH FL 33140 | | | Date Incorporated or Qualified | | | | |
| US | | US | | | | 05/28/1969 | 04 | 1/26/19 | |
| 2. Principal Plac | e of Business | 2a. Maling Address | | | | 4. FEI Number 59-1260866 | | | Applied For Not Applicable |
| 21 | *************************************** | Suite. Apt. #, etc | · · · · · · · · · · · · · · · · · · · | | | | | \$8.7 | 5 Additional |
| Suite, Apt. #, etc. | | 27 | r | | | Certificate of Status Desired Fee Required | | | Required |
| Orty & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | 28 | | | | Trust Fund Contribution 8. This corporation has liability for | | | ed to Fees |
| Zıp | Country | Z ₁ p | 30 Co. | intry | | 8. This corporation has liability for Florida Statutes Yes | intangibie ta Ki No | ex unider s | 100.002 |
| 24 | 9. Name and Address of Curr | 29 rent Registered Agent | [30] | _ | , | 10. Name and Address of New I | | Agent | |
| | g, Name and Address of Con- | Telle Hogisteres Figure | | 81 | Name | | | | |
| WEINKLE, MILTON L | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | HUR GODFREY ROAD | | | L | | | | | |
| STE. 312 | | | | 83 | | | | | |
| MIAMI BEACH FL 33140 | | | | 84 | City | | FL | 85 | Zip Code |
| or registere familiar with | d agent, or both, in the State of Fi i, and accept the obligations of S ignature types pade through the personal | ion the Stron Grande was someotion 607 0505, Floreda Stat | utes | 1 Ap | | oration submits this statement for the print of directors. Thereby accept the application residue. ADDITIONS/CHANGES TO OF | DATE | | |
| 12. | | AND DIRECTORS DELETE | 13. | J.TLE | _ · · T - | ADDITIONS CHANGES TO OF | | | Addition |
| TITLE | P | | | HAME | | | • | _ ' | |
| NAME STREET ADDRESS | WEINKLE, MILTON L 960 ARTHUR GODFREY R | MAD #312 | | | T ADDRESS | | | | |
| CITY-S1-ZIP | MIAMI BCH, FL 00000 | (O/D) # 0 (C | | | ST-246 | | | | |
| TITLE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | DELETE | 2.1 | THILE | | | | Cnang | e 🔲 Addition |
| NAME | | | | NAME | i | | | | |
| STREET ADDRESS | | | | | 1 ACIORESS | | | | |
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| THE | | U DELETE | | NAME | Į. | | | | |
| NAME . | | | | | ET ADDRESS | | | | |
| STREET ADORESS | | | | | ST-ZIP | | | | |
| CITY-ST-ZIP TITLE | | DELFTE | 4 1 | TITLE | : | | | ☐ Chang | ge 🔲 Addition |
| NAME | | | 42 | NAME | | | | | |
| STREET ADDRESS | | | 43 | STREE | ET ADDRESS | | | | |
| CITY-ST-ZIP | | | | | S*-Zi≥ | | | Chang | ge 🔲 Addition |
| TITLE | | ☐ DELFTE | | THILE | | | | L. Gridin | J. C. Maritan |
| NAME | | | | NAME | 1 | | | | |
| STREET ADDRESS | | | | | ET ADDRESS | | | | |
| CITY - ST - ZIP | | DELETE | | C.IY TITU | SI-7:F | 22.1 | | ☐ Chan | ge 🔲 Addition |
| TITLE | | C) Meetic | | NAME | | | | | |
| NAVÉ | | | | | ET ADDRESS | | | | |
| STREET ADDRESS | | | 6.4 | Cilv | . \$1. 2i£ | | | | |
| CITY-ST-ZIP | cortis that the information sine. | lien v, th this fling is voluntaril | y furnished an | o do | os not qualit | ly for the exemption stated in Section 1 | 19.07(3)(k), F | forida St | atutes. I further |

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this animus' 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 precior of the corporation or the receiver or trusted employered 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

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR