

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

FILED

**Feb 27 1998 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # 601394 (0)
1. Corporation Name
ROBERT A. UCHIN, D.D.S., P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3037 E. COMMERCIAL BLVD.
FORT LAUDERDALE FL 33308
US**

Mailing Address
**3037 E. COMMERCIAL BLVD
FORT LAUDERDALE FL 33308
US**

3. Date Incorporated or Qualified
09/15/1969

4. FEI Number
59-1272751

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business
21 Suite, Apt #, etc
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt #, etc
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
**UCHIN, ROBERT A
501 S.W. 7TH AVE
FT. LAUDERDALE FL 33315**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|----------------------------|--------------------------|
| TITLE | PD | <input type="checkbox"/> |
| NAME | UCHIN, ROBERT A | |
| STREET ADDRESS | 501 S.W. 7TH AVE | |
| CITY - ST - ZIP | FORT LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> |
| NAME | UCHIN, MARLENE | |
| STREET ADDRESS | 501 S.W. 7TH AVE | |
| CITY - ST - ZIP | FORT LAUDERDALE FL | |
| TITLE | D | <input type="checkbox"/> |
| NAME | ALTERMAN, CAROL U | |
| STREET ADDRESS | 3820 SW 106TH TERR. | |
| CITY - ST - ZIP | DAVIE FL 33328 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--|--------------------------|--------------------------|
| 11 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 NAME | | | |
| 13 STREET ADDRESS | | | |
| 14 CITY - ST - ZIP | | | |
| 21 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME | | | |
| 23 STREET ADDRESS | | | |
| 24 CITY - ST - ZIP | | | |
| 31 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 NAME | | | |
| 33 STREET ADDRESS | | | |
| 34 CITY - ST - ZIP | | | |
| 41 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME | | | |
| 43 STREET ADDRESS | | | |
| 44 CITY - ST - ZIP | | | |
| 51 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME | | | |
| 53 STREET ADDRESS | | | |
| 54 CITY - ST - ZIP | | | |
| 61 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME | | | |
| 63 STREET ADDRESS | | | |
| 64 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 a new address.

SIGNATURE: *Robert A. Uchin, Pres.* 2/17/98 1954772-3600

CP2E034 (10/97)