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

PROFIT
CORPORATION
ANNUAL REPORT
1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 601543

(2)

Mailing Address

SAMUEL BERKOWITZ D.D.S., P.A.

FILED							
Feb 11 1998 8:00am							
Secretary of State							

EII ED

Suite, Apt. #, etc.  27  City & State  City & State  Country  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  Fe	6801 S W 80 MIAMI FL 331		6601 S W 80TH ST MIAMI FL 33143				
Principal Place of Business   26							
2. Principal Place of Business   2. Mailling Address   5. Supplies   5							1
Suite Apt #, etc.   Suit	2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number Applied For
City & State  Person properly Tax due but eutrent year Intangible Person Properly Tax due to Person Properly Tax du	21		26				
20	22		27				
Zip Country 2ft Interpretation owners or has paid the current year intangible part of the provisions of Current Registered Agent	City & State	9	h h				
S. Name and Address of Current Registered Agent   Serk-OWITZ, SAMUEL   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address (P.O. Box Number is Not Acceptable)   Set   Sure   Address   Set   Add	Zip	— ·	Zip	<b>⊢</b> —	ntry		
BERKOWITZ,SAMUEL 8601 SW 80TH ST S MIAMI FL 33143  82 Street Address (P.O. Box Number is Not Acceptable)  83 City  84 City  85 City 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 agent 1 am hamilar with, and accept the displaced Acceptable (Schoda Statutes). Both of the acceptable (Schoda Statutes). Both of the displaced Acceptable (Schoda Statutes). Both of the acceptable (Schoda Statute	24			30			
BERNOWITZ, SAMUEL 11. Pursuant to the provisions of Sections 607 (602) and 607 1506, Florida Statutes, the provenamed corporation submits this statement for the purpose of changing its registered agent. I am favaluar with, and accept the collegations of Sections 607 (602) and 607 1506, Florida Statutes, the provenamed corporation submits this statement for the purpose of changing its registered agent. I am favaluar with, and accept the collegations of Sections 607 (602), Florida Statutes.  SIGNATURE 12.	DC.		r vedistelen Adeut		B1	Name	
S MAMI FL 33143  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.050/2 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I are harder with, and accept the obligations of Section 607.050/2, Florida Statutes, the corporation's board of directors. I hereby accept the appointment are registered agent. I are harder with, and accept the obligations of Section 607.050/2, Florida Statutes  SIGNATURE  Signature Tyreit in predictions of registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the approintment are registered agent. I are harder with, and accept the obligations of Section 607.050/2, Florida Statutes  SIGNATURE  12. TO I DELETE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. THILE  PTD DELETE 11.1111E  PTD DELETE 1.1111E  PTD DELETE 1.1111E  PTD DELETE 1.1111E  PTD DELETE 2.1111E  PTD DELETE 2.1111E  PTD DELETE 3.1111E  PTD DELET				L	Ц		
Section   Sect				ľ	82	Street	Address (P.O. Box Number is Not Acceptable)
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 Horder Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the collegations of, Sections 607 0500, Florida Statutes.  SIGNATURE    Signature   PTD	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ī	83		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Floride, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent after the addition of 05005. Florida Statutos.  SIGNATURE    The first agent   The first agent agen	}			}	84	City	FI 85 Zip Code
office or registered agent, or both, in the State of Horidis, 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 Statutus.    Signature   Signature type of productions of trep-sheed agest two tiles (CTORS)   13.	11. Pursuant I	to the provisions of Sections 607.050	and 607.1508. Florida Statut	les, the ab	ove	-named	corporation submits this statement for the purpose of changing its registere
SIGNATURE   Signature Figure of protections of expolered agent a	office or re	egistered agent, or both, in the State	of Florida, Such change was tions of Section 607,0505. Etc.	authorized	l by	the corp	poration's board of directors. I hereby accept the appointment as registered
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NAME  52 NAME  53 STREET ADDRESS  63 STREET ADDRESS	1 1					ADDRESS	
CITY-ST-ZIP 64 CITY-S1-ZIP							

14. Thereby 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 supplicability in the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplicability in the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information indicated on this annual report or supplicability 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 employee to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or in an adjoint with an address.

**SIGNATURE** 

Samuel Derkowt

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