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

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

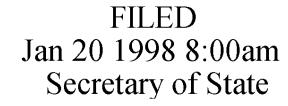
Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

602804

(7)

ROY H. BRESKY M.D., P.A.





Principal Plan	ce of Business	Mailing Address		4 100110 51111 00110 11001 10111 00111 0111 0101	
			1437		
950 N FEDERAL HIGHWAY 950 N FEDERAL HIGHW POMPANO BEACH FL 33062 POMPANO BEACH FL 3				ļ	
		TOWN THIS DEFICIT LE	NOVOE.	DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				04/26/1971	
	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
 		26		59-1346493	Not Applicable
Suite, Ap1. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 Chi. R Chair			Fee Required
23	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	⊢	30	8. This corporation owes or has paid the currelessonal Property Tax due June 30.	ent year Intangible Yes
<u> </u>	9. Name and Address of Curi		30]	10. Name and Address of New Registered	Y
BRESKY,ROY H			81 Name		·gom
950 N.FEDERAL HWY.					·
POMPANO BCH. FL 33062			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
TOMINATO BOTIL TE BOODE			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					
Signature, typind or printed name of registrocal agent, and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE					
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TOTLE		Change Addition
NAME	BRESKY,ROY H		1.2 NAME		ĺ
STREET ADDRESS	4050 N.E. 25TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL		1.4 C/TY - ST - Z/P		
TITLE		☐ DELETE	21 TITLE		Change
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP		
TITLE		☐ DECETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP		Ohanna I dalar
NAME		□ DELETE	4.1 TITLE	ı	Change Addition
			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-S1-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP	44.44.4	Change Addition
NAME		T) brill	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS					
			5.3 STRELT ADDRESS		
CITY-ST-7IP TITLE		DELETE	5.4 CHY-SI-ZIP 6.1 THILE		☐ Change ☐ Addition
NAME		otter		'	
			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
CITY-ST-ZIP			64 CITY - ST - ZIP		

I hereby certify that the information supplied with this filing does not qualify for the elemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arrival report is true and accurate a difficult this annual report or supplemental arrival report is true and accurate a difficult 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.