

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **602980** (5)

1. Corporation Name
R.W. OBERMAYR, D.D.S., P.A.



Principal Place of Business: **2211 N E 36 STREET LIGHTHOUSE POINT FL 33064**
Mailing Address: **2211 N E 36 STREET LIGHTHOUSE POINT FL 33064**

3. Date Incorporated or Qualified 07/23/1971	3a. Date of Last Report 05/19/1995
4. FEI Number 59-1355550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. State, Apt. #, etc.	26. State, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
24. Zip	30. Country

9. Name and Address of Current Registered Agent

**OBERMAYR, R W
2211 N.E. 36 STREET
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD OBERMAYR, R W 2801 N E 8TH COURT POMPANO BEACH FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D OBERMAYR, ERMA 2801 N E 8TH COURT POMPANO BEACH FL	<input type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VD KIRSCH, MIKE 2765 NE 21ST TERR LIGHTHOUSE PT FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			1.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			2.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			3.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			4.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			5.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-STATE-ZIP			6.4 CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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 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 an address.

SIGNATURE: *R.W. Obermayr* **R.W. Obermayr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **2/5/96**
CAYTIME PHONE # **305-941-2277**

CR2E034 (12/95)