

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **603926** (7)

1. Corporation Name
CECIL B. HALL D.D.S. PA



Principal Place of Business

921 N. 35TH AVENUE
101
HOLLYWOOD FL 33021
US

Mailing Address

3729 LONGFELLOW CIRCLE
HOLLYWOOD FL 33021

2. Principal Place of Business

21 **315 S.E. 12th Street**

2a. Mailing Address

26 Subj. Apt. n. etc.

22 City & State

23 **Fort Lauderdale, FL**

27 City & State

24 **33316-1917**

25 **Broward**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

HALL, CECIL B.
3729 LONGFELLOW CIRCLE
HOLLYWOOD FL 33021

3. Date Incorporated or Qualified
11/27/1972

3a. Date of Last Report
02/28/1995

4. FEI Number
59-1423813

Applied For Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE

Signature of person authorized to file this statement

Date of filing this statement (month/day/year)

Date

12. OFFICERS AND DIRECTORS

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12.1 TITLE NAME STREET ADDRESS CITY, ST. ZIP TITLE NAME STREET ADDRESS CITY, ST. ZIP TITLE NAME STREET ADDRESS CITY, ST. ZIP TITLE NAME STREET ADDRESS CITY, ST. ZIP TITLE NAME STREET ADDRESS CITY, ST. ZIP	<p><input type="checkbox"/> DELETE</p> <p>P HALL, CECIL B. 3729 LONGFELLOW CIRCLE HOLLYWOOD FL</p> <p><input type="checkbox"/> DELETE</p> <p>S HALL, MIRIAM 3729 LONGFELLOW CIRCLE HOLLYWOOD FL</p> <p><input type="checkbox"/> DELETE</p> <p><input type="checkbox"/> DELETE</p> <p><input type="checkbox"/> DELETE</p> <p><input type="checkbox"/> DELETE</p>
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST. ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY, ST. ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY, ST. ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY, ST. ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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 *Miriam A. Hall Secretary (Miriam A. Hall)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-02-96 954 5270103
DATE OF FILING DAY-MONTH-YEAR

CR2E034 (12/95)