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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 603926

(7)

CECIL B. HALL D.D.S. PA

FILED
Jan 28 1997 8:00am
Secretary of State

|--|--|

Principal Plac	e or business	Mailing A	Address			. seeres erner dande tiere IS-ita tiblid Bitt I			14 10 10 10 10 10 10 10 10 10 10 10 10 10
315 SE 12TH S FT. LAUDERDA US	STREET LE FL 33316-1917		3729 LONGFELLOW CIRCLE HOLLYWOOD FL 33021						
05						3. Date Incorporated or Qualified 11/27/1972	1	e of Last 6/1996	Report
	ace of Business	2a. Mailir	ng Address			4. FEI Number			Applied For
21		26				59-1423813		١	ot Applicable
Suite, Apt 22	#, etc	27	, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State 23	e	City 8	State			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip 24	Country 25	Zip		Country 30	,	8. This corporation has liability for it		ax under	*** * * * * * * * * * * * * * * * * * *
241	9. Name and Address of Curre		Agent	30	###	10. Name and Address of New Rec			
HALL	L, CECIL B.			81	Name			Bour	
	LONGFELLOW CIRCLE			82	Stroot Ade	dress (P.O. Box Number is Not Acceptab	(a)	·	
	LYWOOD FL 33021				Sileel Auc	uress (r.o. box number is not Acceptab	e)	 	
				83					
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607, 150	8. Florida Statu	utes, the abov	l a-named cor	rporation submits this statement for the pr	groces of	changing	its registered
onice or r	egistered agent, or both, in the State m familiar with, and accept the oblig	ent Honda, Suc	th change was	authorized hi	/ the cornors	ation's board of directors. I hereby accep	t the appo	intment a	s registered
SIGNATURE.	with the try and decept the oblig	julions of, ocoti	Gri 007:0300, 1	TOTION STREET	3.				
SIGNATURE.	Signature, typed or protect name of registered ag	ent and title it applica	ible (NC	OTE: Registered Age	ent signature requ	uirad when reinstating)	DATE		 -
12.		D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC			
TOLE	P		DELETE	1.1 TITLE			ı	Change	Addition
NAME	HALL, CECIL B.			1.2 NAME					
STREET ADDRESS	3729 LONGFELLOW CIRCLE			1.3 STREET					
City-St-ZIP	HOLLYWOOD FL		DELETE	14 CITY - 9	T-ZIP			٦	
TITLE NAME	S Hall, Miriam		☐ DEFEIR	21 TITLE			ı	Change	Addition
STREET ADDRESS	3729 LONGFELLOW CIRCLE			2.2 NAME	INDRESO				
CITY-ST-ZIP	HOLLYWOOD FL			2 3 STREET	1				
Tate	HOLETWOOD TE		DELETE	2 4 CITY -: 31 TITLE	51-ZIP			Change	Addition
NAME			need	32 NAME	İ			—1 ⊃ueniAe	L roomon
STHEET ADDRESS				3.3 STREET	ADDRESS				
City-St-ZiP				3.4. CITY -	· · ·				
TITLE			DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME				=	
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY - ST - ZIP				4.4 CITY - S	T-ZIP				
TITLE			DELETE	5.1 TITLE				Change	☐ Addition
hame				5.2 NAME					
STREET ADDRESS				5.3 STREET	ADDRESS				
COTY-ST-ZIP				5.4 CITY - S	T-ZiP				
TITLE			☐ DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY - 9	T-ZIP				

14. I do 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 an address.

SIGNATURE

ME OF SIGNING OFFICER OR DIRECTOR

197 954-983-6803