

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 13 PM 4:10

DOCUMENT # **604598** (3)
1. Corporation Name
JOEL HAUPTMAN, D. D. S., P.A.

Principal Place of Business Mailing Address
960 ARTHUR GODFREY RD MIAMI BCH FL 33140 **960 ARTHUR GODFREY RD MIAMI BCH FL 33140**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/14/1973** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number **59-1471732** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**KROOP (RICHARD I.)
420 LINCOLN ROAD MALL, SUITE 512
MIAMI BEACH FL**

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 607.1508, 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 _____ DATE _____
(Signature, Title or printed name of registered agent and title if applicable) (Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	HAUPTMAN, JOEL DR.
STREET ADDRESS	960 ARTHUR GODFREY RD
CITY, ST, ZIP	MIAMI BCH FL
TITLE	S
NAME	HAUPTMAN, JOEL
STREET ADDRESS	960 ARTHUR GODFREY RD
CITY, ST, ZIP	MIAMI BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(5)(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 in person. I am an officer or director of the corporation or the incorporator or transferor empowered to execute this report as required by Chapter 1307, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joel Hauptman*
SIGNATURE WHEN FILED ON BEHALF OF BOARD OFFICER OR DIRECTOR

1/10/95
DATE