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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 604984

1. Corporation Name

JACK E. DOMINIK, P.A.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90011 042 ***158.75



Principal Place of Business		Mail	Mailing Address									
6175 NW 153RD ST. #225			6175 NW 153RD ST. #225									
MIAMI LAKES FL 33014		MIAN	MIAMI LAKES FL 33014					DO NOT WRIT	E IN THIS	SPACE		
								3. Date Incorporated or Qualifed	L IN 11113	OF AUE		1
	•							01/02/1974				
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number	,	A	pplied For	1
21		26	-					59-1507825		N	ot Applicable]
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	
22		27	27				<u> </u>	o, Vertilicate of Status Desired			equired	=
City & State	9	-	City & State .					6. Election Campaign Financing			May Be	ĺ
23		28	7:					Trust Fund Contribution			to Fees	1
Zip	Country	\vdash	Zip	30	untry			8. This corporation owes the curre Personal Property Tax.	nt year Inta	ingible ∏Yes	□No]
24	9. Name and Address of Curre	29 nt Registe	red Agent	30	Τ-			10. Name and Address of New Re	egistered A			1
		··· ivaAiste	rigorit		81	Name			<u></u>	-x		1
DOM	AINIK, JACK				82	Charact	A del	(D.C. Day Number is Alex Assessed	nla)			1
6175 NW 153RD ST, #225						Street	Addres	ddress (P.O. Box Number is Not Acceptable)				
MIAN	MI LAKES FL 33014				83					-		1
					84	City				85 Zip	Code	1
						•			<u> FL</u>			
11. Pursuant	to the provisions of Sections 607.05	02 and 60	7.1508, Florida State	utes, the	above	-named	corpor	ration submits this statement for the parties of directors. I hereby accept	ourpose of o	changing it	s registered	
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	or Fiorida etions of S	i. ouch change was	auuronze	ou by	ию согр	viation	is board or directors. I hereby accept	are appoin	millorit da li	39,340,00	
i agent. i ai	III iaitiilat willi, aliu accept ilie obligi	adons on, c	Section 607.0303, F	ionua sia	nutes.							ľ
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SIGNATURE	Signature, typed or printed name of registered age	ent and title if a	applicable. (NO	TE: Registere	ed Agent	•	required v	when reinstating)	DATE	DIRECT		وَ ا
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14. I hereby certify that the information supplied with this filling 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 receive or tostee 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, with all other like empowered.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR