

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

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25 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kathleen M. Matthews
Secretary of State
DIVISION OF CORPORATE AFFAIRS

DOCUMENT # **605033** (0)

FRED A. AKEL, D.D.S., P.A.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7724 LEM TURNER ROAD JACKSONVILLE FL 32208
Mailing Address: 7724 LEM TURNER ROAD JACKSONVILLE FL 32208

3. Date Incorporated or Qualified 02/26/1974	3a. Date of Last Report 03/14/1994
4. FEI Number 59-1537767	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Finance Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation is not liable for delinquencies under 192.022, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**AKEL, (FRED A.)
7724 LEM TURNER ROAD
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent
B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City **FL** B5. Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(1)(b) 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: PD	NAME: AKEL, (FRED A.) STREET ADDRESS: 7724 LEM TURNER RD. CITY: JACKSONVILLE FL	1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	1. NAME:
TITLE: D	NAME: AKEL, (HANAN) STREET ADDRESS: 7724 LEM TURNER RD. CITY: JACKSONVILLE FL	2. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2. NAME:
TITLE: T	NAME: AKEL, (FRED A.) STREET ADDRESS: 7724 LEM TURNER RD. CITY: JACKSONVILLE FL	3. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3. NAME:
TITLE:	NAME:	4. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4. NAME:
TITLE:	NAME:	5. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	5. NAME:
TITLE:	NAME:	6. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6. NAME:

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 192.023, Florida Statutes. Further, I certify that the information included in 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 of this report, or as an attachment with an address.

SIGNATURE: *Fred A. Akel* Fred A. Akel 4-28-95 904-765-5573
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR