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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 605100 1, Corporation Name

SHAPSES & PYSER, D.D.S., P.A.

## **FILED** Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90022 030 \*\*\*150.00



Principal Place	e of Business	Mailing Address		I (1931)4 ditti dethi ditti timi satti atti atti atti atti atti atti	
421 N ANDREW		6130 W ATLANTIC BLVD			
FT. LAUD. FL 3		MARGATE FL 33063			
US				DO NOT WRITE IN THIS SPACE	
*				3. Date Incorporated or Qualifed	
				03/28/1974	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number Applied For	
21		26 421 N. Andrew	s Hve.	<b>59-1531244</b> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5-Certificate of Status Desired	
22		27		= 5 Certificate of Status Desired Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be	
23		28 Ft. Lauderda		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country US	This corporation owes the current year Intangible	
24	25	29 <b>3330</b> / 30	<i>V</i> 5	Personal Property Tax.	
	Name and Address of Current Registered Agent     10, Name and Address of New Registered Agent				
			81 Name		
	ORIA, GOFF & FRIEDMAN, P A		82 Street	Address (P.O. Box Number is Not Acceptable)	
1040 BAYVIEW DR					
FT. LAUDERDALE FL 33304			83		
			84 City	85 Zip Code	
			S4 City	FL   S   S   S   S   S   S   S   S   S	
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 SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	PYSER, GERALD M		1.2 NAMÉ		
STREET ADDRESS	421 N ANDREWS AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUD. FL 33301		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	SHAPSES, JOEL		2.2 NAME		
STREET ADDRESS	421 N ANDREWS AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUD. FL 33301		2. 4 CITY-ST-ZIP	<del></del>	
TITLE .		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME		_	3.2 NAME		
STREET ADDRESS		ļ	3.3 STREET ADDRESS		
İ		İ	3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLÉ	☐ Change ☐ Addition	
NAME			4. 2 NAME		
			4.3 STREET ADDRESS		
STREET ADDRESS	٠.		4.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
TITLE		_ occerc	5.2 NAME	C Ondrigo C Producti	
NAME			5.3 STREET ADDRESS	· · · · ·	
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
TITLE			6.2 NAME	. C. Street G. S	
NAME			63 STREET ADDRESS		
STREET ADDRESS					
L CITY OT TID	İ		64 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	

14. 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, and other like empowered.

SIGNATURE: