COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Sep 13, 1999 8:00 am Secretary of State

09-13-1999 90006 046 ***550.00

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	ian Nic			60

NICHOLAS G. KAYAL, D.P.M., P.A.

ncipal Plac	e of Business	Mailing Address					
25 N FED HWY, STE 405 6405 N FED HWY, STE LAUDERDALE FL 33308 FT, LAUDERDALE FL 3					DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualified	
		e .				05/07/1974	
		2a. Mailing Address				4. FEI Number	Applied For
		26		59-1531427	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Γ	\$8.75 Additional		
		27		5. Certificate of Status Desired Fee Required			
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
					Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	intry		8. This corporation owes the current ye	ar
	25	29	30			Intangible Personal Property.	Yes No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registe	ered Agent
	DOMALD TERRENOT			81	Name		
	DONALD, TERRENCE			82 Street Addr		ress (P.O. Box Number is Not Acceptable)	
6405 N FED HWY, STE 405			\square				
FI.	LAUDERDALE FL 33308			83			
				84	City		85 Zip Code
					_		FL S E S S S S S S S S
office or	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	authorize	d by i	the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered appointment as registered
NATURE							
	Signature, typed or printed name of registered agent			ered Ag	pent signature requ	uired when reinstating) 0/ ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
	OFFICERS AND		13.	TI E		ADDITIONS/CHANGES TO OFFICEN	
.	D NICHOLAS C	L DELETE	1.0 N				Change Addition
:	KAYAL, DR. NICHOLAS G.				ADDRESS		1
ET ADDRESS	6405 N FED HWY, STE 405						
ST-ZIP	FT. LAUDERDALE FL 33308		2.1 Ti	TY-ST-	-ZIP		Change Addition
		DELETE	2.2 N/				Collarige Collarida
: ET ADDRESS	MCDONALD, TERRANCE 6405 N FEDERAL HWY, STE 4	AS.			ADDRESS		
	FT. LAUDERDALE FL 33308	05		TY-ST-			}
ST-ZIP	TI. LAUDENDALL TE 33300	DELETE	3.1 TI				Change Addition
; l	· •	L_1 DELETE	3.2 N/				
ET ADDRESS					ADDRESS		
ST-ZIP				TY-ST-			
J-1-SER		DELETE	4.1 TI				Change Addition
:			4.2 N/	AME			
ET ADDRESS		ı	- 1		ADDRESS		
3T-ZIP				TY-ST-	i		}
		DELETE	5.1 TI				Change Addition
			5.2 N/	AME.			
T ADDRESS			5.3 ST	REETA	ADDRESS		

6.4 CITY-ST-ZIP 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 ndicated 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 n Block 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

GNATURE:

T-ZIP

T ADDRESS

DELETE

954-771-5900

Change Addition