Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90105 008 \*\*\*150.00

## 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 # 626174

1. Corporation Name

		a Lichtingen, Wid., Fix								
Principal Place of Business Mailing Address										
1960 N.E. 47TH STREET FORT LAUDERDALE FL 33308  1960 N.E. 47TH STREET FORT LAUDERDALE FL 33308							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	-		
							06/05/1979		]	
2.	Principal Pl	cipal Place of Business 2a. Mailing Address				•	4. FEI Number	7	pplied For	
21		26					59-1928248		lot Applicable	
22	Suite, Apt.	te, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	<b>.</b>	Additional Required	
23	City & State						6. Election Campaign Financing Trust Fund Contribution	•	May Be I to Fees	
	Zip						This corporation owes the current year Inter     Personal Property Tax.	gible ∐Yes	⊠No	
24	24 25 29 30 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registered A	gent		
				8	11	Name				
JOYNER, WILLIAM T., M.D.					12	Street Address (P.O. Box Number is Not Acceptable)				
1960 NE 47TH STREET						Oli Oot / laa. t				
2ND FLR					13				•	
FORT LAUDERDALE FL					4	City		85 Zij	Code	
						•	<u>FL</u>			
	office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	(norizea d	y ທ	ne corporation	pration submits this statement for the purpose of cl n's board of directors. I hereby accept the appoint	ment as	registered	
5	GNATURE	Signature, typed or printed name of registered ag-			gent s	signature required	when reinstating) DATE			
12.		OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECT Change		
TIT	LE	PD	☐ DELETE	1.1 TITLE 1.2 NAME					, LI Addition	
NAME		JOYNER, WILLIAM T MD								
STREET ADDRESS		1960 NE 47TH STREET, 2ND	rut	1.3 STRE						
CITY-ST-ZIP		FT LAUDERDALE FL	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition	
, , , , , , , , , , , , , , , , , , , ,		STD LICHTNGER, MOISES		2.1 MAMI		ļ			_	
		1960 N.E. 47TH ST.		2.3 STRE		DORESS			}	
					2.4 CITY-ST-ZIP				_	
TII	ry-st-zip Le	DELETE			3.1 TITLE			Chang	Addition	
	ME	32		3.2 NAMI	3.2 NAME		•			
ļ				1		DDRESS	•		ì	
CITY-ST-ZIP				3.3 STRE	EET A	DUNE GO				
TITLE				3.3 STRE 3.4. CITY			<u> </u>			
N.A			DELETE		/-ST-		·	☐ Chang	e	
	Y-ST-ZIP		☐ DELETE	3.4. CITY	<u>/-ST-</u> E			Chang	Addition	
ST	Y-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE 4. 2 NAM	/-ST- E Me			☐ Chang	e	
1 -	TY-ST-ZIP LE ME			3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRE 4.4 CITY	/-ST- E Me Eet a -St-:	ZIP				
СП	TY-ST-ZIP LE ME REET ADDRESS		DELETE	3.4. CITY 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE	(-ST- E ME EET A (-ST-)	ZIP		☐ Chang		
CI TII	ry-st-zip le Me Reet address ry-st-zip			3.4. CITY 4.1 TITLE 4. 2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAM	/-ST- E ME EET A '-ST- E	ZIP				

14. I 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 impaddress; with all other like empowered. CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

196

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Addition

Change