FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **628496** **(2)**

1. Corporation Name

ALBERT J. ENDRUSCHAT, D.D.S., P.A.

Principal Place of Business

1708 N. FEDERAL HIGHWAY
LAKE WORTH FL 33460

Mailing Address

1708 N. FEDERAL HIGHWAY
LAKE WORTH FL 33460

3. Date Incorporated or Qualified: **07/01/1979**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-1921721** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes **X** No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ENDRUSCHAT, ALBERT J
1708 N FEDERAL HIGHWAY
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 or 617.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	**PST**	☐ DELETE
NAME	**ENDRUSCHAT, ALBERT J.**	
STREET ADDRESS	**1708 N. FEDERAL HWY**	
CITY-ST-ZIP	**LAKE WORTH FL**	
TITLE	**D**	☐ DELETE
NAME	**ENDRUSCHAT, ALBERT J.**	
STREET ADDRESS	**1708 N. FEDERAL HWY**	
CITY-ST-ZIP	**LAKE WORTH FL**	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change ☐ Addition
1a NAME	
1b STREET ADDRESS	
1c CITY-ST-ZIP	
2 TITLE	☐ Change ☐ Addition
2a NAME	
2b STREET ADDRESS	
2c CITY-ST-ZIP	
3 TITLE	☐ Change ☐ Addition
3a NAME	
3b STREET ADDRESS	
3c CITY-ST-ZIP	
4 TITLE	☐ Change ☐ Addition
4a NAME	
4b STREET ADDRESS	
4c CITY-ST-ZIP	
5 TITLE	☐ Change ☐ Addition
5a NAME	
5b STREET ADDRESS	
5c CITY-ST-ZIP	
6 TITLE	☐ Change ☐ Addition
6a NAME	
6b STREET ADDRESS	
6c CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is not altered from that originally furnished and 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 added to the report with an address.

SIGNATURE: Albert J. Endruschat DDS PSA ALBERT J. ENDRUSCHAT 3-4-96 407 5650039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #