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			V NE	1	,	3. Date Incorporated or Qualified		of Last Report	<u></u>
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Suite, Apt.	#, etc.	27	Suite, Apt. #. etc.			5. Certificate of Status Desired		\$8.75 Addition Fee Regulred	al
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AL.	 9. Name and Address COBS, DR. M.N. 	B OF CUFFERI REGIST	ereo Agent	81	Name	10. Name and Address of New R	legistered Age	ent	<u> </u>
71	5 N BOYNTON BCH B			82	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
BC	YNTON BEACH FL 33	426							
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1. Pursuant office or n agent. I a	to the provisions of Section egistered agent, or both, in m familiar with, and accept	ins 607.0502 and 60 in the State of Florid of the obligations of	17.1508, Florida Statu la. Such change was , Section 607.0505, Fl	84	City	pration submits this statement for the on's board of directors. I hereby acc			ered red
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M.N.Jacobs, D.D.S.,P.A. 614 NW 8th Ave, Delray Beach, Fl. 33444

Division of Corporations Att: Annual Reports P.O.Box 6327 Tallahassee, Fl. 32314

To whom it may concern;

As per my telephone conversation with your department, I am sending you this letter to inform you that we never received a "First Notice". There has been a big mix-up in our mail since I sold my practice to a younger man last February '96. I am still working in the office and still a corporation but Dr. Glaser is the new owner of the records and equipment.

I believe the best thing to do is to change my mailing address to my home address so that I do not miss any mail in the future. I do not know who to blame for this.

My new mailing address is

M.N.Jacobs,D.D.S.,P.A. 614 NW 8th Ave. Delray Beach, Fl. 33444

. . .

Again I am sorry for any inconvenience this has caused you and thank you for your patience with me. With the mail arriving at my home address there should be no reason for any mix-up in the future. Thank you.

Yours truly,

M. N. Jacob, D.D.S. P.A.

Merle N. Jacobs

as per phone conversation enc. che for # 165.