

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 30 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham "Secretary of State" DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **668312** (2)

1. Corporation Name
M.N. JACOBS, D.D.S., P.A.

Principal Place of Business
**715 W BOYNTON BEACH BLVD
BOYNTON BEACH FL 33426**

Mailing Address
**715 W BOYNTON BEACH BLVD
BOYNTON BEACH FL 33426**

↓ NEW ↓

2. Principal Place of Business

21 **SAME**

Suite, Apt. #, etc.

22 City & State

23

Zip

24

Country

25

2a. Mailing Address

26 **614 NW 8 AVE**

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

Zip

31

9. Name and Address of Current Registered Agent

**JACOBS, DR. M.N.
715 N BOYNTON BCH BLVD.
BOYNTON BEACH FL 33426**

3. Date Incorporated or Qualified

04/29/1980

3a. Date of Last Report

06/17/1996

4. FEI Number

59-1990209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

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 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 DIRECTORS

TITLE **PD** ☐ DELETE

NAME **JACOBS, DR. M.N.**
STREET ADDRESS **715 W BOYNTON BEACH BLVD**
CITY-ST-ZIP **BOYNTON BEACH 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400002257594--4

-08/05/97--01014--020

******165.00 ****165.00**

14. I do 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.

SIGNATURE **M.N. JACOBS, D.D.S., P.A.**

7/22/97 3:23 PM

CR2E034 (497)

2

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. Jacobs, D.D.S., P.A.

Merle N. Jacobs

enc. ck for \$ 165. as per phone conversation