

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

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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 ↓

DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 21 SAME | 2a. Mailing Address 26 614 NW 8 AVE |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 DELRAY BEACH, FL |
| Zip 24 | Country 29 U.S.A. |

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|--|--|
| 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 <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JACOBS, DR. M.N. 715 W BOYNTON BEACH BLVD BOYNTON BEACH FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|---|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

7601
7/30/97

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* DATE *7-22-97*

CR2E034 (497)

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

Merle N. Jacobs

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