FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 670769

(9)

Mailing Address

LAWRENCE J. NEWMANN, D.P.M., P.A.

FILED Feb 10 1997 8:00am Secretary of State

22 S.E. SIXTH STREET C/O LAWRENCE J. NEWMANN BOCA RATON FL 33432		22 S.E. SIXTH STREET C/O LAWRENCE J. NEWMANN BOCA RATON FL 33432-6016								
							3. Date incorporated or Qualified 05/21/1980	1	e of Last R 16/1996	eport
2. Principal Pl	lace of Busines	l	2a. Mailing Addres	2a. Mailing Address			4, FEI Number		Ar	plied For
21 			26			59-2001555 Not Applicable				
Suite Apt. #, etc			27 Suite, Apt. #, 6	Suite, Apt. #, etc.			5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 6.			
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country 24 25			Zip 29				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 2. Yes 2. No No No			
	g, Name an	Address of Curre	nt Registered Agent		Γ		10. Name and Address of New Re	gistered A	gent	
NEV	MMANN, LAW	RENCE J.			81	Name				·
22 S.E. SIXTH ST. BOCA RATON FL 33432					82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
500	on record	00102			83					
					84	City		FL	85 Zip	Code
office or re	registered agent	, or both, in the State	02 and 607.1508, Florida e of Florida Such chang gations of, Section 607.0	e was authorize	id by	y the corpora	rporation submits this statement for the pation's board of directors. I hereby accept	urnose of	changing in intment as	ts registered registered
SIGNATURE										
	Signature, typed or p	nhid name of registered ag			d Ape	ent signature requ	uired when reinstating)	DATE		
12.	DOT	OFFICERS AN	ID DIRECTORS	13,			ADDITIONS/CHANGES TO OFFIC	ERS AND		
THILE	PST	LAWRENCE J.	() NET						Change	☐ Addition
NAME STHEET ADDRESS	22 S.E. SIX				AME					
CITY-ST-ZiP	BOCA RATO					ADDRESS				
TITLE	VD	/// T.L	[] DEL			ST-ZIP			Change	Addition
NAME	. –	LAWRENCE J.		2.2 N				•		
STREET ADDRESS	22 S.E. SIX					ADDRESS				
CITY-ST-ZIP	BOCA RATO					ST - ZiP	·			
TITLE			DEL			31-74			Change	Addition
NAME				3.2 N	AME					
STREET ADDRESS				3.3 S	TREET	ADDRESS		•		
CITY-ST-ZIP				3.4. (CITY -	ST-ZIP				
TITLE			☐ DEL						Change	Addition
NAME				4.21	MAME	,				
STREET ADDRESS				4.3 S	TREET	ADDRESS	· • • • • • • • • • • • • • • • • • • •			
CITY-SI-ZIP					:ITY - 5	ST-ZIP				
O(1 - O1 - D)			☐ DELI	TE 511	ITLE				Change	Addition
TITLE					AME	- 1				
				5.2 N						l
TITLE						ADDRESS				
TITLE NAME				5.3 S 5.4 C	TREET	ADDRESS ST-ZIP		<u>'</u>		
TITLE NAME STREET ADDRESS			☐ DELI	5.3 S 5.4 C	TREET		· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELI	5.3 S	TREET HTY - S				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELI	5.3 S 5.4 C TE 6.1 T 6.2 N	TREET HTY - S HTLE IAME		· · · · · · · · · · · · · · · · · · ·		Change	Addition

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

SIGNA FORE AND TYPED OR PRINTED FAME OF SIGNING OFFICER OR DIRECTOR

1-31-97

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