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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 672888

(5)

HARVEY R. FOX, D.D.S., P.A.

FILED Apr 23 1997 8:00am Secretary of State



| Principal Place<br>875 MASON AV<br>DAYTONA BEAC | ENUE   | Mailing Address<br>875 MASON AVENUE<br>DAYTONA BEACH FL 32117-4718 |   |   | A LUCTRE BILLI INCLE TIBRE TO HEL MENER LOTT BEEN CITER CARRIL BEEN BEEN BEEN BEEN BEEN BEEN BEEN BEE |  |                             |  |                                       |
|---|--|--|---|---|---|--|-----------------------------|--|---------------------------------------|
|   |  |  |   |   |   | 3. Date Incorporated or Qualifi<br>06/09/1980                  | 3a 04                       | )ate of Last R<br>/16/1996             | eport                                 |
| 2. Princ pal Place of Business<br>21            |  | 26. Mailing Address<br>26.5303 John A                              | 28. Mailing Address<br>26 5303 John Anderson Huy. |   |   | 4. FEI Number<br>59-2006649                                    |                             | Applied For Not Applicable             |                                       |
| Suite, Apt. #, etc.<br>22                       |  | Suite, Apt. #, etc.  | Suile, Apt. #, etc.                               |   |   | 5. Certificate of Status Desired S8.75 Additional Fee Required |                             |  |                                       |
| C ty & State                                    |  | City & State  28 FLAGIER BE  | 28 FLAgler Beach, FL.                             |   |   | Election Campaign Financin     Trust Fund Contribution         | \$5.00 May Be Added to Fees |  |                                       |
| Ζιρ<br><b>24</b>                                | Country 25   | 29 32136   | 30 U  | ntrý  |   | This corporation has liability     Florida Statutes            | Yes                         | □ No                                   | . 199.032,                            |
| ENY   | <ol> <li>Name and Address of Curr</li> <li>HARVEY R.</li> </ol>  | ent Registered Agent   |   | 81 Name   |   | 10. Name and Address of New                                    | Registered                  | Agent                                  |                                       |
| 875   |  |  |   |   |   |  | -1                          |  |                                       |
|   | TONA BEACH FL 32117  |  | J   | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  |                             |  |                                       |
|   |  |  |   | 83  |   | ······································                         |                             |  | · · · · · · · · · · · · · · · · · · · |
|   |  |  |   | 04 05   |   |  |                             |  | 01-                                   |
|   |  |  |   | 84 City   |   |  | Fl                          | - <b>85</b> Zip⊸                       | Code                                  |
| SIGNATURE                                       | in familiar with, and accept the obligation of eightenic of the obligation of the ob |  |   | l Agent signatu                                       | re required   | when reinstating) ADDITIONS/CHANGES TO O                       | DATE<br>FFICERS AN          | ID DIRECTOR                            | RS IN 12                              |
| NAME<br>SPREEL ADDRESS                          | FOX, HARVEY R.<br>875 MASON AVENUE<br>DAYTONA BEACH FL   | Level of State Co.   | 1.2 NA<br>1.3 ST                                  | Me<br>Reet address                                    |   |  |                             |  |                                       |
| City Sty7e*                                     | and the second s | DELETE   | 2.1 TJ  | TY-ST-ZIP<br>ILE                                      | <del> </del>  |  |                             | Change                                 | Addition                              |
| NAME  |  |  | 2.2 N/  | IME   | j   |  |                             |  | -                                     |
| STREET ADDRESS                                  |  |  | 2.3 51  | REET ADDRESS  |   |  |                             |  |                                       |
| $U(t,t) \in S_{L} \setminus V(t)$               |  |  |   | TY-ST-ZIP   |   |  |                             |  |                                       |
| DIVE  |  | DELETE   | 3.1 (1)   |   |   |  |                             | L. Change                              | Addition                              |
| NAME SANGUAR                                    |  |  | 3 2 N/  | ime<br>Reet address                                   | .   |  |                             |  |                                       |
| STREET ADDRESS OUTVISTINGE                      |  |  |   | MECT ADDRESS<br>ITY-ST-ZIP                            | ` <b>\</b>  |  |                             |  |                                       |
| TILE  |  | DELETE   | 4.1 10  |   | 1   |  |                             | Change                                 | Addition                              |
| NAME  |  |  | 4. 2 N  | AME   |   |  |                             |  |                                       |
| STBELL ADDRESS                                  |  |  | 4.3 SI  | reft address  | :   |  |                             |  |                                       |
| GHY-ST ZIF                                      |  |  |   | TY-ST-ZIP   |   |  |                             | —————————————————————————————————————— |                                       |
| Tall  |  | ☐ DELETE   | 5.1 Y   |   |   |  |                             | L.) Change                             | Addition                              |
| NAMi  |  |  | 52 N  |   |   |  |                             |  |                                       |
| STHELL ADDRESS                                  |  |  |   | REET ADDRESS  | '   |  |                             |  |                                       |
| CHY-\$1 740<br>THU                              |  | ☐ DELETE   | 6.1 Tr  | TY-ST-ZIP<br>LE                                       | +   |  |                             | Change                                 | Addition                              |
| NAME  |  | · · · · · · · · · · · · · · · · · · ·                              | 6.2 N/  |   |   |  |                             |  |                                       |
| STEELLAFHAESS                                   |  |  |   | REE1 ADDRESS  | ;   |  |                             |  |                                       |
| OHY 51-20                                       |  |  | 6.4 C   | TY-ST-ZIP   | _   |  |                             |  |                                       |
|   | ov certify that the information supp   | lied with this filing does not qualif                              |   |   | stated i  | n Section 119.07(3)(i), Florida Sta                            | tutes. I furth              | er certify that                        | the                                   |

Lam an officer or director of the corporation supplied with this limit does not quality for the exemption stated in Section 119.07(3)(I), Florida Statutes, I further certify that the information indocated 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

HATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-97 (901) 255-364L

Phone # 0021269