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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

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Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90023 019 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 678269

I. Corporatio		D D O D A								
FRANK	D. SHAPINS.	D.D.S., P.A.	•				•	*		
j								<u> </u>		
Principal Plac	ce of Business	1	. Mailing Addres	ss	,	-				
505 SE 6TH A			P.O. BOX 538						† ·	
	CH FL 33483-5232	e	DELRAY BEACH	1 FL 33447						•
US			US					O - " -	PACE	
		*					3. Date Incorporated or 07/14/1980	Qualifed	4	
2. Principal F	Place of Business		2a. Mailing Add	dress		,	4. FEI Number		App	plied For
21			26				59-2010502			t Applicable
Suite, Apt.	. #, etc.		Suite, Apt.	#, etc.			5. Certificate of Status D	esired 🛴 📜 👯	\$8.75 A	
City & Sta	ite		City & Stat	e			6. Election Campaign Fi	nancing	\$5.00	May Re
23			28				Trust Fund Contributi	-	Added to	
Zip		Country	Zip		Country		8. This corporation owe	s the current year Intar	ngible	1 .
24	25		29	3	30		Personal Property Ta	x. ,	□ Yes !	₿No
	9. Name and	Address of Current	t Registered Agen	t			10. Name and Address	of New Registered A	gent	
C.1.	ADINO EDANIZ				81	Name		•	, ´+	
-∃-1505 505	apins, frank (Se 6th ave.				82	Street Add	ress (P.O. Box Number is No	t Acceptable)		
DEL	.ray beach, fi	_ EF 33483			83		7 45 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>트, 1-10년 - 12년 - 12년 - 12년 - 12년</u> 동대본왕학동 주왕당 (국민구영당 호롱		4 59 6
								1437年,特别的		
er opens.	•	•	Lippy territ		84	City		FL	85 Zip C	
11. Pursuant	t to the provisions	of Sections 607.0502 or both, in the State of	2 and 607.1508, Flo	rida Statutes	s, the above	-named corp	poration submits this statemen	nt for the purpose of cl	nanging its i	registered
						the comoratu				
agent. I a	am familiar with, a	nd accept the obligati	tions of, Section 607	rige was au 7.0505, Florid	da Statutes.	tne corporation	poration submits this statement on's board of directors. I here	оу ассерт те арроит	,	Jisterea
SIGNATURE			-						. 1	
SIGNATURE		ted name of registered agent	t and title if applicable.		Registered Agent		d when reinstating).	DATE	. 4	
SIGNATURE	Signature, typed or prin		t and title if applicable. D DIRECTORS	(NOTE: F	Registered Agent		d when reinstating) ADDITIONS/CHANGE	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or prin	ted name of registered agent OFFICERS AND	t and title if applicable. D DIRECTORS		13.		d when reinstating).	DATE	. 4	
SIGNATURE 12. TITLE NAME	Signature, typed or prin	ted name of registered agent OFFICERS AND ANK D.	t and title if applicable. D DIRECTORS	(NOTE: F	13. 1.1 TITLE 1.2 NAME	t signature require	d when reinstating) ADDITIONS/CHANGE	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	DP SHAPINS, FR. 505 SE 6TH A	of registered agent OFFICERS AND ANK D.	t and title if applicable. D DIRECTORS	(NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature require	d when reinstating) ADDITIONS/CHANGE	DATE	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or prin	of registered agent OFFICERS AND ANK D.	t and title if applicable. D DIRECTORS	(NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature require	d when reinstating) ADDITIONS/CHANGE	DATE S TO OFFICERS AND	DIRECTOI Change	RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(t), 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 charged, or on an attachment without a supplemental trustee.

561-278-0004