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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE: X



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 691471

(7)

NORMAN M. GOLDGLANTZ O.D. P.A.

FILED

Apr 04 1997 8:00am

Secretary of State

Principal Place of Business Mailing Ad 3682 W. OAKLAND PARK BLVD. 3682 W. O			DK BI VD		
3682 W. OAKLA LAUDERDALE L		3682 W. OAKLAND PA LAUDERDALE LAKES I			
			· · · · · · · · · · · · · · · · · · ·	3. Date Incorporated or Qualified 06/23/1981	3a. Date of Last Report 05/01/1996
2. Principal Pla	ace of Business	26. Mailing Address 25		4, FEI Number 59-2097457	Applied For Not Applicable
Suite, Apt #	#, elc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	;	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for I	angible tax under s. 199.032, Yes No
241	9. Name and Address of Curren			10. Name and Address of New Reg	gistered Agent
3981	DGLANTZ, NORMAN M I N. 38TH AVE. LYWOOD FL 33021		81 Name 82 Street Ad 3 4 City	dress (P.O. Box Number is Not Acceptab	FL 85 Zip Code
office or re agent. I ar SIGNATURE	o the provisions of Sections 607.050 costered agent, or both, in the State in familiar with land accept the oblig	of Florida. Such change w ations of, Section 607.0505	as authorizely the corpor , Florida Stees.	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its registered it the appointment as registered
	Signature, typical or printed name of registered ego OFFICERS AN	·	(NOTE Registe jent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	
12.	PD	DELETE	1.1	ADDITIONOJO I PARGEO 70 01710	Change Addition
NAME	GOLDGLANTZ, NORMAN M	Dictie	121		
•	3981 N. 38TH AVENUE		1.3 S GT ADDRESS		
STREET ADDRESS	HOLLYWOOD FL		1.3 ST-ZIP		
CITY-ST-ZIP TITUE		DELETE	211	***************************************	Change Addition
NAME			2.2 N		- !
STREET ADDRESS			2.3 STET ADDRESS		
CITY - ST - ZIP			2. 4 C - ST- ZIP		
Tilif		OELETE	3.1 74		Change Addition
NAMÉ			3.2 N		
STREET ADDRESS			3.3 ST ET ADDRESS		
City - S1 - ZiP			3.4. CI - ST - ZIP		
TILLE		DELETE	4.3 TIT		Change Addition
NAME			4. 2 N/		
STREET ADDRESS			4.3 ST ET ADDRESS		
City-ST-7IP			4.4 CIT ST-ZIP		
10LE	i	DELETE	5.1 TI)		Change Addition
NAME			5.2 NA		
STRELT ADORESS			5.3 ST ET ADDRESS		
CITY-\$1 ZIF			5.4 CIT (ST-ZIP		
1/TLE		DELETE	6.1 TIF		Change Addition
NAME			6.2 NA		
STREET ADDRESS			63 STHE FADDRESS		
	Λ		6.4 CiT st - ZiP		
14. I do heret	by certify that the information supplie	ed with this filing does not d	qualify for the amotion ste	ited in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatio Fam an o appears t	on indicated on this innual report or difficer or director of the corporation o in Block 12 or Block 13 if changed, c	supplemental annual/epor r the receiver or trustee em or on an attachmen with an	t is true and a surate and to ipowered to execute this rep dolless	hat my signature shall have the same lega port as required by Chapter 607, Florida S	ai ellect as it made under dath; that Statutes; and that my name