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**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 692419 (5)

**1. Corporation Name
HARRISON AND MARTEL, D.D.S., P.A.**

**Principal Place of Business Mailing Address
3015 CONGRESS AVE SUITE #3 LAKE WORTH FL 33461
3015 CONGRESS AVE SUITE #3 LAKE WORTH FL 33461**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 07/01/1981
3a. Date of Last Report 06/14/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2101171	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARTEL, VICTOR A 3015 CONGRESS AVE STE 3 PALM SPRINGS FL 33461	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, JAMES	1.2 NAME	Harrison, James
STREET ADDRESS	3015 CONGRESS AVE.	1.3 STREET ADDRESS	3015 Congress Avenue
CITY - ST - ZIP	LAKEWORTH FL	1.4 CITY - ST - ZIP	Lake Worth, FL 33461
TITLE	VP	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTEL, VICTOR A.	2.2 NAME	Martel, Victor A.
STREET ADDRESS	3015 CONGRESS AVE.	2.3 STREET ADDRESS	3015 Congress Avenue
CITY - ST - ZIP	LAKE WORTH FL	2.4 CITY - ST - ZIP	Lake Worth, FL 33461
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 *[Signature]* **Dr. Victor A. Martel** **2/14/95**
(Signature and Typed or Printed Name of Signing Officer or Director) (Date) (Day/Mo/Yr)

407-965-9300
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