**PROFIT CORPORATION** ANNUAL REPORT

1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 697519 1. Corporation Name

Principal Place of Business	
770 HD #4 CHITE #400	

## FILED Apr 01, 1999 8:00 am Secretary of State 04-01-1999 90033 032 \*\*\*150.00

	OSEN, D.O., P.A.										
Principal Place	e of Business	Mailing Ad	dress					i (90)10 mirit kulis (000) diisi sibin		#11 <b>#1811 #</b> 19	## <b>####</b> ##############################
772 US #1 SUITE #100 772 US #1 SUITE #100 N PALM BEACH FL 33408 N PALM BEACH FL 33408								DO NOT WRITE	INI THIC	SDACE	
							- }	Date Incorporated or Qualifed	IN ITIIS	- ACL	
							Į	08/05/1981			
2. Principal P	lace of Business	2a. Mailing	Address					4. FEI Number			Applied For
21		26						59-2123632	_		Not Applicable
Suite, Apt.	#, etc.		Apt. #, etc.						□	\$8.75	Additional
22		27						3. Certificate of Status Desired		Fee	Required
City & Stat	19	City &	State					6. Election Campaign Financing	<b>-</b>		May Be
23		28					}	Trust Fund Contribution			d to Fees
Zip	Country	Zip		$\overline{}$	untry		İ	8. This corporation owes the current	t year Inta	angible Na Yes	□No
24	9. Name and Address of Curren	29		30	ΤĹ			Personal Property Tax.  10. Name and Address of New Reg	istered A		
	5. Name and Address of Curren	r vadiztereo v	Bank		81	Name		Total Trains City Control of the Property City City City City City City City Ci	,		
AI VI	n rosen								-		
	LAKESHORE DRIVE #1043				82	Street A	Addres	s (P.O. Box Number is Not Acceptable	e)		
	TE 102				83	· · · · · · · · · · · · · · · · · · ·					
	TH PALM BEACH FL 33408									05 7	n Codo
					84	City		•	FL	85 Zi	p Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such	i change was a	uthorize	ad by 1	ine corpor	corpora ration'	ation submits this statement for the pu s board of directors. I hereby accept t	rpose of he appoir	changing ntment as	its registered registered
SIGNATURE									DATE		
12.	Signature, typed or printed name of registered ager	nt and title if applicable		13		l signature rec	quireo w	hen reinstating) ADDITIONS/CHANGES TO OFFICE		D DIREC	TORS IN 12
TITLE	PST	DIVILO GIVE	DELETE	-	TITLE					Chang	
NAME	<b>,</b>					l l					
	I MIISEN ALVINI	•		1.21	NAME	1					Ì
	ROSEN, ALVIN	•				ADDRESS					
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I hereby certify that the information supplied with this filing does not qualify of the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informationated 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 of 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 original that my name appears in all other like empowered.

SIGNATURE: