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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

JAMES S. WIENER, M.D., P.A.

Secretary of State

FILED

Jan 20 1998 8:00am

Dringing Dlag	at Ducinosa	14-11: A-J-I			
Principal Plac		Mailing Address	_		
1150 N 35T #200	TH AVE	3939 HOLLYWOOD BLV HOLLYWOOD FL 33021	D		
	DD FL 33021	HOLLIMOOD PL 33021		DO NOT WRITE IN THIS SPACE	
US				3. Date Incorporated or Qualified	
				12/23/1980	
<u> </u>	Place of Business	2a. Mailing Address	A rec	4. FEI Number	Applied For
21		26 1150 N 357	ALE	59-2062915	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27 200 City & State			Fee Required
23	U	28 HO 2LY WO	かが	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	7ip	Country	Trust Fund Contribution 8. This corporation owes or has paid the	Added to Fees
24	25		30 V S	Personal Property Tax due June 30.	turreni year intangibile ₩Z Yes □ No
	9. Name and Address of Curren			10. Name and Address of New Registere	
к	ONES, HYMAN I.	· · · · · · · · · · · · · · · · · · ·	81 Name		
	000 PIERCE STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	OLLYWOOD FL 33021		OZ SIFEET AUG	riess (r.o. box rambal is not Acceptable)	
			83		
			84 City		. 85 Zip Code
			Oily	F	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statuto	s, the above-named corp	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agont. La	im familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statutes.	mon's board of directors. Thereby accept the a	ppolitiment as registered
SIGNATURE					
	Signature, typed or printed name of registered ager		. Flogistered Agent signature requi		
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	
NAME	WIENER, BERNICE	() picte (c	1.17014		Change Addition
STREET ADDRESS	1150 N 35TH AVE		1.2 NAME		
CITY-ST-ZIP	HOLLYWOOD, FL 00000		1.3 STREET ADDRESS		
THILE	PTD	DELETE	1.4 CHY-ST-ZIP 2.1 TILE		Change Addition
NAME	WIENER, JAMES S		22 NAME		
STREET ADDRESS	1150 N 35TH AVE		23 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000		2 4 Cri Y - S1 - ZIP		
TITLE	VD	DELETE	3.1 TILE		Change Addition
NAME	WIENER, DAN E		3.2 NAME		
STREET ADDRESS	1150 N 35TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000		3.4 CITY-SI-ZIP		
TITLE		DELETE	4.1 TOLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE.	5 1 THEF		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TOLE		☐ DELETE	6.1 TALE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADORESS		
CHY-S1-ZIF		:	6.4 C(1Y+S1-Z)P		
14 Thereby C	orlify that the information supplied wit	this filing doos not qualify for	the exemption stated in	Section 119 07/3Vi) Florida Statutos I further	portify 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 13 if changed, or on an attachment with an address.

TAMES S. WIENER