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

**PROFIT CORPORATION ANNUAL REPORT** 1998 DOCUMENT #

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

## **FILED** Feb 17 1998 8:00am Secretary of State

HOWARD N. SACKS, DMD, P.A.	•			
Principal Place of Business	Mailing Address	· · · · · ·		INDRE BYBYL BUBIK BYBIL BUBIK BYBIK INDR
C/O HOWARD N. SACKS	C/O HOWARD N. SACKS			
10651 NORTH KENDALL DRIVE. SUITE 112 10651 NORTH KENDALL D MIAMI FL 33176 MIAMI FL 33176		DRIVE. SUITE 112	DO NOT WRITE IN	I THIS SOUCE
MIAMI PL 33170	MIAMI FL 33176		3. Date Incorporated or Qualified	TINIS SPACE
			12/01/1981	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2140531	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible
24 25		30	Personal Property Tax due June 30	
9, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regis	itered Agent
SACKS, HOWARD N.	ITC 440	81 Name		
10651 NORTH KENDALL DRIVE, SUITE 112 MIAMI FL 33176		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33170		83		
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named corpo	oration submits this statement for the purp	
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate</li> </ol>	of Fiorida. Such change was au tions of, Section 607.0505, Flori	ithorized by the corporation of the statutes.	on's board of directors. I hereby accept the	he appointment as registered
SIGNATURE		Howard 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	SACKS , PRES	
Signature, typed or printed name of registered agen  12. OFFICERS AND		Registered Agent signature require	d when reinstating?  ADDITIONS/CHANGES TO OFFICER	DATE.
TIPLE DP	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME SACKS, HOWARD N		1.2 NAME		
STREET ADDRESS 10651 N KENDALL DR #112		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL		1.4 CITY - ST - ZIP		
TITLE	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME	Lad State / L	3.2 NAME		Li change Li Addition
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. City - St - ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP	Drutte	4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS		5.2 NAME		
CITY-ST-ZIP		5.3 STREET ADDRESS   5.4 City-St-Z#P		
TITLE	DELETE	5.4 CHY-S1-Z#P		☐ Change ☐ Addition
NAME		0.1111110		
i e	L. Detere	6.2 NAME		C bhange C Abdition
STREET ADDRESS	T Detect			_ Shange Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 occiver 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 the accurate with an address.