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 # F89129

(3)

FILED May 20 1998 8:00am Secretary of State

ZANE	i KALIEH, M.D., INC.							
Principal Place	e of Business	Mailing Address				1 1891190 1181 18119 11919 11919 RP18 1911 \$1811 81914 B1	IBM DIDIE ON	
1414 KUHL AVE 44 WEST LAKE BEAUTY DR		PAUL GOLDSTEIN 1414 KUHL AVENUE			DO NOT WRITE IN THIS SI	PACE		
ORLANDO FL 32806		ORLANDO FL 32806 US				3, Date Incorporated or Qualified		
00		00				07/01/1982		1
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	TA	pplied For
21		26				59-2202816	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22	<u> </u>	27				5. Cermoate or status besired	Fee F	lequired
City & State		City & State				6. Election Campaign Financing		May Be
23 Zip	Country Zip Cc			r.,	Trust Fund Contribution			
24 _	F '		Count	y		8. This corporation owes or has paid the curred Personal Property Tax due June 30.		itangible No
24	25 Name and Address of Curren		<u>v_ </u>			10. Name and Address of New Registered A		
20	LDSTEIN, PAUL		8	1 Nam	e			
		8	<u></u>	داد اد ۱۸	as (D.O. Pay Number is Net Associable)			
	14 KUHL AVENUE LANDO FL 32806		°	Stree	R Addre	ss (P.O. Box Number is Not Acceptable)		
			8	3				
			8	4 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, lyped or printed harne of registered ager	nt and the Papplicable (NOTE.)	Registered A	gent signati	ure required	d when reinstating) DATE		
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.			ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTO	R\$ IN 12
TITLE	• •		1.1 TITLE				Change	Addition
NAME	HILLENMEYER, JOHN		1.2 NAME					Į;
STREET ADDRESS			1.3 STRE	ET ADDRESS	8			Į į
CITY-ST-7IP	ORLANDO FL	Dougra	1.4 CITY		<u> </u>		10	
TITLE	TD DATE OF THE	DELETE	21 TITLE		ļ	L	Change	Addition
NAME	PAUL GOLDSTEIN 1414 KUHL AVENUE		2 2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS		; [
CITY-ST-ZIP				2. 4 CHY-ST-7IP 3.1 TITLE			Change	Addition
NAME	10.00 505105		3.2 NAM			_		
STREET ADDRESS	A A A A A A A A A A A A A A A A A A A		1	Et address	3			
CITY-ST-ZIP	0014400 51		3.4. CITY					
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAM	E			_	
STREET ADDRESS			4.3 STRE	ET ADDRES	s			
CITY - ST - ZIP			4.4 CITY	-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5 2 NAM	E]
STREET ADDRESS			53 STHE	et address	S			
CITY-ST-ZIP			54 CITY				1	
TITLE		☐ DELETE	6.1 TITLE			į	Change	Addition
NAME			6 2 NAM		1			
STREET ADDRESS			E .	et address	3			
CITY-ST-ZIP	edit, that the information of	St. Acts and Company and Company and Company	6.4 CITY	ST - ZIP		110 07(0)(0) (1-111- (1-11- (1-11- (1-111- (1-11- (1-11-(1-11-(1-11-11- (1-11-11- (1-11-(1-11-(1-11-11-	CE . sh as	- 1-1

I nereby 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 supplicated around 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 altachment with an address.

THE WAR