ECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98294

Country

POLLAK, DR. JOSEPH A., P.A.

1825 FOREST HILL BLVD WEST PALM BEACH FL 33406

9. Name and Address of Current Registered Agent

DR. JOSEPH A. POLLAK P.A.

Mailing Address

2a. Mailing Address

City & State

27

28

Zip

Suite, Apt. #, etc.

1825 FOREST HILL BLVD., SUITE 204 WEST PALM BEACH FL 33406

Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

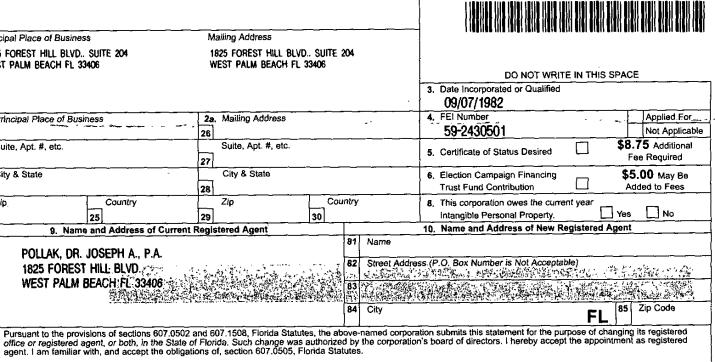
Zip

Principal Place of Business

1825 FOREST HILL BLVD.. SUITE 204 WEST PALM BEACH FL 33406

## **FILED** Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90009 041 \*\*\*550.00



SIGNATURE	<u> </u>			re required when reinstating) DATE
Signature, types of printed mainle of registered again and the mapping and the				
12	OFFICERS AND DIRECTOR	<u></u>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ITLE	PD	DELETE	1,1 TITLE	Change Addition
AME	POLLAK, JOSEPH D.C.		1.2 NAME	
TREET ADDRESS	1825 FOREST HILL BLVD. SUITE 204		1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL 33406		1.4 CITY-ST-ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	العال المسعر ال
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>                                     </u>		2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
AME			3.2 NAME	
TREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
IIILE		DELETE	4.1 TITLE	Change Addition
IAME		٠.	4.2 NAME	
STREET ADDRESS	}		4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
MAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE 🏃		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
3(T) / OT 7)D			6.4 CITY SY ZID	

Country

81 Name

30

14. 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 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.