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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED
Jan 21, 1999 8:00am
Secretary of State

MENT # F98503			01-21-1999 90050 0	03 / ***150.00
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O COUNTER, D.D.O., F.A.				NI BUBIN BIBN GIBN BIBN BIBN 1880
e of Business	Mailing Address			BIL BIBIL BIBIL BIBIL BIBIL 1881 " .
ST., STE 107	311 N.E. 8TH ST., STE 107			
			DO NOT WRITE IN TH	HS SPACE
2 4550	HOMEOTEND TE GOOD		3. Date Incorporated or Qualifed	
			09/08/1982	_
Place of Business	2a. Mailing Address		4. FEI Number	Applied For
# 010	 	****	59-2229171	Not Applicable
#, 8tc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
le .	City & State		6 Election Campaign Financing —	\$5.00 May Be
	28		Trust Fund Contribution	Added to Fees
Country	Zip	Country	8. This corporation owes the current year	
25		30	Personal Property Tax.	Yes MNo
9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
KLER, ROBERT O.		L_l		
		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
MESTEAD FL 33030		83	* # 1	1000年度
· · · · · · · · · · · · · · · · · · ·		84 City		85 Zip Code
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total control of the second of				
to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with and accept the obligation	and 607,1508, Florida Statutes Florida, Such change was autons of Section 607,0505, Flori	s, the above-named corp thorized by the corporated a Statutes	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	of changing its registered pointment as registered
to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	and 607.1508, Florida Statutet Florida Such change was au ons of, Section 607.0505, Flori	s, the above-named corporation the corporation of t	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
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	O. CUCKLER, D.D.S., P.A. e of Business T. STE 107 CUCKLER L 33030 lace of Business #, etc. e Country 25 9. Name and Address of Current	O. CUCKLER, D.D.S., P.A. Be of Business Mailing Address 311 N.E. 8TH ST STE 107 CUCKLER L 33030 Blace of Business 2a. Mailing Address 2b. H, etc. Suite, Apt. #, etc. 27 Be City & State 28 Country Zip 29 9. Name and Address of Current Registered Agent KLER. ROBERT O. N.E. 8TH ST., STE 107	O. CUCKLER, D.D.S., P.A. Mailing Address J. STE 107 GUCKLER Mobert O. CUCKLER HOMESTEAD FL 33030 Jace of Business Za. Mailing Address Za. Mailing Ad	NIENT # F98503

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, with all other like empowered.

SIGNATURE:

SIGNATURE

Date

Date

Daytime Phone #