## 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

POCUMENT # G74316

(2)

WALTER B. FLESNER, III, D.O., P.A.

FILED
Apr 29 1998 8:00am
Secretary of State

305 653 99.09

Principal Place of Business Mailing Address					BIBN EIGH GIBN GIBH BIBN 1981	
1011 IVES DAIRY RD 1011 IVES DAIRY RD						
STE 105 STE 105			*^	DO NOT WRITE IN THIS SPACE		
NO MIAMI BCH FL 33179 NO MIAMI BCH FL 3317			79	3. Date Incorporated or Qualified		
				12/14/1983		
2. Principal P	lace of Business	28. Mailing Address		4. FEI Number	Applied For	
21		26		59-2371065	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & Crots			Fee Required	
City & State	€	City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	<b>28</b> Zip	Country	Trust Fund Contribution	Added to Fees	
24	25	29	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Yes No	
	9. Name and Address of Curren		1001	10. Name and Address of New Register		
FL	ESNER, WALTER B., III		81 Name			
1011 IVES DAIRY ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
NORTH MIAMI BEACH FL 33179			Oll Bet Add	aross (1.0. box number is not Acceptable)		
			83			
			84 City		<b>85</b> Zip Code	
					<b>- L</b>	
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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or printed name of registered age	A10	TE: Registered Agent signature req	uited when reinstating) DAI	<u></u>	
12,	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE	PST	☐ DELETE	1.1 TITLE		Change Addition	
NAME	FLESNER, WALTER B., III		1.2 NAME			
STREET ADDRESS	1011 IVES DAIRY ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition	
NAME	FLESNER, WALTER B., III		2.2 NAME			
STREET ADDRESS	1011 IVES DAIRY ROAD		2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	N. MIAMI BEACH FL	DELETE	2. 4 CiTY - ST - ZiP			
TITLE		L- DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME Street address			3.2 NAME			
CITY-ST-ZIP			3.3 STREET ADDRESS			
TITLE		DELETE	3.4. CITY-ST-ZIP		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DEL <b>ete</b>	6.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	No. of the state o	on well-grown as	6.4 CITY-ST-ZIP	5		
14. I hereby certify that the information supplied with this filling 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 path; that I am an						
officer or director of the corporation of the receiver or trusted 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.						
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