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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J27218

JAY ALPERIN, DDS, PA

FILED Feb 04, 1999 8:00am **Secretary of State**

02-04-1999 90002 020 ***150.00



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	e or business	walling Addic								
2100 LAKE IDA	ROAD	2100 LAKE IDA	A ROAD							
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DELRAY BEACH FL 33445		DELRAY BEAC	DELRAY BEACH FL 33445			DO NOT WRITE IN THIS SPACE				1
	•					3. Date Incorporated or Qualife	đ			
						08/04/1986				1
2. Principal P	lace of Business	2a. Mailing Ad	ddress			4. FEI Number		Ap	plied For	1
21		26	المنتقي فالمناتجان			<u></u>		No	t.Applicable	-24
Suite, Apt.	#, etc.	Suite, Apt	. #, etc.			5. Certificate of Status Desired		\$8.75	Additional	٠.
22		27				5. Certificate of Status Desired		Fee Re	equired	
City & State			City & State			6. Election Campaign Financing	1 _	\$5.00	May Re	1
23		·				Trust Fund Contribution Added to Fees				
Zip Country		Zip			This corporation owes the current year Intangible					
·	25	29	30	,		Personal Property Tax.	ment year in	Yes	□No	
24						10. Name and Address of New	Registered			1
<i>:</i>	9. Name and Address of Currer	it Kegistered Ager		81	Name	10. Name and Address of New	ragiotoroa	rigoni		1
. DIDI				"	Name			,		
	EY, RAYMOND, JR.			82	Street Add	ress (P.O. Box Number is Not Accep	table)			1
200	NORTHEAST 6TH AVENUE					5 - A - A - A - A - A - A - A - A - A -	1. 1. * . K.N.	14 - 18 1 4 18 1 1		1
DEL	RAY BEACH FL 33444			83				智慧 铝矿		
	•			-	014.	3 S () 1 S (MESSON ON COMPANY	85 Zip (751 F(5) 331	-
	•			84	City		FL	_ 85 Zip (code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, FI	lorida Statutes, th	e above	e-named corp	poration submits this statement for th	e purpose of	changing its	registered	
office or r ⊜agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such ch tions of, Section 60	iange was authon 07.0505, Florida S	ized by Statutes	tne corporati	ion's board of directors. I hereby acc	epi ine appo	illineill as re	gistered	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable	(NOTE: Regist	tered Agen	nt signature require	ed when reinstating)	DATE			
12.	- Carlotte Company	ID DIRECTORS		13.		ADDITIONS/CHANGES TO C	FFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD			1.1 TITLE		7.7.7 je 2.88		☐ Change	☐ Addition	1 ;
	· -			.2 NAME				_ ,		
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OTT / OT TIP					T ADDRESS					5
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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 receives 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: