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

**PROFIT** CORPORATION **ANNUAL REPORT** 1998 DOCUMENT #



J56659

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(2)

**FILED** Mar 12 1998 8:00am Secretary of State

JACK /	ALLAN KRAVITZ, M.D., P.A	•		E AMBRICA MINI MICHA MENTA MANDE MENTA CARA MENAN	IKANI AKAM BATA AKAK AMAN JUST
Principal Place of Business		Mailing Address		T CONTERE READ DEFINE MENUS BRIDE DEFENDABLE	DENTIT OFFIC OFFICE OFFICE WINST TOP
5800 COLONIAL DRIVE		C/O GRUBER AND ASSOCIATES P.A.			
SUITE 403		- 97E-991-		DO NOT MOTE IN TH	10.004.05
MARGATE FL 33063 US		FORT LAUDERDALE FL 333 6-735 US		DO NOT WRITE IN TH  3. Date Incorporated or Qualified	IS SPACE
		•		02/12/1987	
2, Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2777047	Not Applicable
Suite, Apt. #, etc.		Suite Ant # etc			\$8.75 Additional
22		27 1650 Southeast 17th Sheet, 301		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	, Added to Fees
Zip	Country	29 33316-173	Country	8. This corporation owes or has paid the	<b>T</b>
24	25 Name and Address of Curro		0	Personal Property Tax due June 30.	Yes No
9, Name and Address of Current Registered Agent			81 Name	10. Name and Address of New Registers	Pagent
KRAVITZ, JACK(A.)			"KRA	WITZ, JACK A.	1
5800 COLONIAL DRIVE Suite 403			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
MARGATE FL 33063			83		
in C	MONTE PE 33003				·
			64 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na				poration submits this statement for the purpose	of changing its registered
Office of registered agent, of both, in the State of Norida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered.					
agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered ag	rest and to it applicable (NOTE: F	Rugistered Agent signature requir	red when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PTDS	☐ DELETE	1.1 TITLE		Change Addition
NAME	KRAVITZ, JACK A.		1.2 NAME	RAUTE, JACK A.	
STREET ADDRESS	5800 COLONIAL DRIVE SUIT	E 403	1.3 STREET ADDRESS	•	
CITY-ST-ZIP	MARGATE FL		1.4 CITY - ST - ZIP	330	65
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		Prior	2. 4 CITY - ST - ZIP		
TITLE NAME		☐ DELETE	3.1 TITLE		Change Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	17***** 10****	☐ Change ☐ Addition
NAME		_ beter	4.1 IIILE 4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TiTLE		Change Addition
NAME		<del>-</del>	5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I hereby o	ertify that the information supplied v	with this filing does not qualify for t		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

rt is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a c empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in