

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K14476 (1)**

1. Corporation Name
DONALD A. ELSMAN, D.D.S. AND ASSOCIATES, INC.



Principal Place of Business: **963 N. KROME AVE HOMESTEAD FL 33030**
Mailing Address: **P. O. BOX 12545 CINCINNATI OH 45212 US**

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **02/05/1988**
3a. Date of Last Report: **04/28/1995**
4. FEI Number: **31-1229734**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**ELSMAN, DONALD A.
89151 OLD HWY
TAVERNIER FL 33070**

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the current registered agent and the incorporator

Signature of Registered Agent (signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS
P
ELSMAN, DONALD A.
89151 OLD HWY
TAVERNIER FL
ST
ELSMAN, MELODY H.
89151 OLD HWY
TAVERNIER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: DELETE
1.3 STREET ADDRESS:
1.4 CITY - ST - ZIP:
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY - ST - ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:
6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Donald A. Elsmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96 (305) 245-7974
Date Daytime Phone #

CR2E034 (12/95)