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

DOCUMENT #

CITY-ST-ZIP

K41147

(5)

THOMAS A. ROTH, D.D.S., P.A.

FILED May 08 1998 8:00am Secretary of State

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Principal Plac	e of Business	Mailing Address			1911 O:B!I DIOII OIDII OIDII 1691
1291 S POWERLINE RD		1291 S POWERLINE	RD		
POMPANO FL 33069		POMPANO FL 33069		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				10/26/1988	
2. Principal P	Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0080586	Not Applicable
Sulte, Apt.	#, e1c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	ia	City & State		A Flatino and a Final	Fee Required
23		28		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 ₁ p	Country	8. This corporation owes or has paid the cu	
24	25	29	30	_	Yes Kangle
	Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
F	ROTH, THOMAS A.		81 Name		
1	1291 S. POWERLINE ROAD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
POMPANO BCH. FL 33069					
			83		
			84 City		85 Zip Code
				<u> </u>	•
office or r	registered agent, or both, in the Sta	te of Florida, Such change was	authorized by the corpora	rporation submits this statement for the purpose o ation's board of directors. I hereby accept the app	or changing its registered of changing its registered
agent. I a	m familiar with, and accept the obt	igations of, Section 607. <mark>0505,</mark> F	Iorida Statutes	, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE	Signature, typed or printed hadric of registered a	AV	OLE: Registered Agent signature rog-	nired when reinstating) DATE	
12,		IND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	TIBBITION OF TAXABLE TO OF TOPING THE	☐ Change ☐ Addition
NAME	ROTH, THOMAS A.		1 2 NAME		-
STREET ADDRESS	1291 S POWERLINE RD		13 STREET ADDRESS		
CITY-ST-ZIP	POMPANO FL		1.4 CITY - ST - ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		- Professor	2.4 CITY - ST - ZiP		100
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	•	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		C onlings C receiver
STREET ADDRESS			4.3 STREET ADDRESS		ĺ
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		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 supplimental argument 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 trultee 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.

6.4 CITY-S1-ZIP