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Mailing Address

⊋ROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K73205

1. Corporation Name

Dringing Diago of Puningge

ROBERT A. BENEVENTO, D.C., P.A.

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%ROBERT A. BENEVENTO 1240 UNIVERSITY DRIVE CORAL SPRINGS FL 33071		%ROBERT A. BENEVENTO 1240 UNIVERSITY DRIVE CORAL SPRINGS FL 33071			DO NO	T MOTE IN T	LIIC CDACE		
CORAL SPRING	35 PL 330/1	CONAL SENSINGS FE SSU/I			<u> </u>	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
		•	•			Date Incorporated or Q 03/13/1989	ualifed		
2 Principal P	Place of Business	2a. Mailing Address				FEI Number	· · · · · · · · · · · · · · · · · · ·	I A	pplied For
21		 			1	65-0118799			lot Applicable
Suite, Apt. #, etc.		26	Suite, Apt. #, etc.			03-01-101-33			
		⊢	¬ '		5. (Certifcate of Status Des	sired 🗌		Additional
22		27						ree R	Required
City & State		City & State	City & State		6. E	Election Campaign Fina	ancing []	\$5.00	May Be
23		28			7	Trust Fund Contribution	, 4	Added	to Fees
Zip	Country	Zip	Country	y	8. 7	This corporation owes t	he current vear	Intangible	
24	25	29 3	10			Personal Property Tax.	•	∐Yes	□No
	9. Name and Address of Current		<u> </u>			Name and Address of		ed Agent	
	7 × 1	3	81	Name					
RFN	EVENTO, ROBERT A.			1					
1240 UNIVERSITY DRIVE			82	Street	Address (P.0	O. Box Number is Not	Acceptable)		
						and the second			
СОН	RAL SPRINGS FL 33071		83	3			•		44 5 5
	•							11	7 mar 22'
•			84	City		•	F	85 Zip	Code
44 Dureuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abov	e-named	corporation	submits this statement	for the numose	of changing its	s registered
office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligation	Florida. Such change was aut ons of, Section 607.0505; Florid	horized by la Statute:	the corpo	oration's boa	ard of directors. I hereb	y accept the ap	pointment as re	egistered
SIGNATURE	A Commence of the Commence of								
	Signature, typed or printed name of registered agent a		legistered Age	nt signature re	required when rein	nstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.	nt signature re		nstating) DDITIONS/CHANGES		AND DIRECTO	
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6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90023 043 ***150.00