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

CORPORATION **ANNUAL REPORT** 

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 03 1998 8:00am Secretary of State

	1998	DIVISIO	N OF CORPOR	IATIONS			
<ol> <li>Corporation</li> </ol>		· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	)				
CRAIG	H. LICHTBLAU, M.D., P.,	Α.					
Principal Place	e of Business	Mailing Address			T I BEREADEN WEN ONLIN LAKAL HANDE ELDE ALDER DE LAKAL HANDE ELDE ALDE	LUU BIRAL BANKI O	NON BIBLI LOBY
550 NORTH LAKE BLVD. 550 NORTH LAKE BLVD			BLVD.		1	•	
N PALM BEACH FL 33408-5409		n Palm Beach F Us	L 33408-5409		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualified	OI AOL	<del></del>
					08/11/1989		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	[ [ · <u></u>		
1		26		65-0138983 Not Appl  \$8.75 Addition		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required	
City & State City & State				<u> </u>	6. Election Campaign Financing		O May Be
3		28		Trust Fund Contribution Added to Fees			
Zip Country		Zip Country		untry	8. This corporation owes or has paid the current year Intangible		
4	25 9. Name and Address of Cur	29	30	<del></del>	Personal Property Tax due June 30.  10. Name and Address of New Registered	Yes	∐ No
110	HTBLAU, CRAIG H.	Tell Degletered Ageil		81 Name	IO. ITALING ALIU AUGUSES DI NEW REGISTERED	Maur	
	O NORTH LAKE BLVD.				(		
N PALM BEACH FL 33408				82 Street Address (P.O. Box Number is Not Acceptable)			
.,.				83			
				84 City		85 Zi	p Code
					poration submits this statement for the purpose clion's board of directors. I hereby accept the ap	<b>-</b>	·
SIGNATURE .	Signature, typod or printed name of registered OFFICERS	d agent and title if applicable AND DIRECTORS	(NOTE Registere	d Agent signature requ	ired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	ORS IN 12
MILE	D	DELE	TE 1.1 T	TLE		Change	Addition
NAME	LICHTBLAU, CRAIG H.		1.2 N				
TREET ADDRESS	550 NORTH LAKE BLVD. N PALM BEACH FL			TREET ADDRESS	·		
OTTY-ST-ZIP	IT FALM DEACH TE	□ DELE		ITY-ST-ZIP		Change	Addition
NAME			22 N	ì			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP		·		CITY-ST-ZIP			
IITLE		☐ DELE				☐ Change	Addition
NAME			3.2 N				
STREET ADDRESS				TREET ADDRESS			
OTY-ST-ZIP	<del></del>	☐ DELE		CITY-ST-ZIP TLE		☐ Change	Addition
IAME		_	4.21	Y Y		_	
STREET ADDRESS			4.3 S	THEET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP		T12:	4 2390
ITLE		☐ DELE	<b>S</b>	Y		L Change	Addition
AME			5.2 N	AME Treet address			
STREET ADDRESS   City-St-Zip				ITY-ST-ZIP			
ITLE		DELE				Change	Addition
IAME			6.2 N	AME			
STREET ADDRESS			638	TREET ADDRESS			
CITY-ST-ZIP	! 			ITY-ST-ZIP			
<ol> <li>I hereby c indicated.</li> </ol>	certify that the information supplied on this annual report or supplied	d with this filing does not que	ualify for the exi and accurate an	emption stated in d that my signati	Section 119.07(3)(i), Florida Statutes. I further our shall have the same legal effect as if made u	ertify that the	ne information that I am an

officer or director of the corporation or the Block 12 or Block 13 if changed, or on an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: \_