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May 04, 1999 8:00 am Secretary of State

05-04-1999 90215 033 \*\*\*150.00

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

1. Corporation	M. TUVEL, D.P.M., P.A.	<b>16</b>							
Dringing Bloom	a of Business	Mailing Address				{		l oldir eheri di	
Principal Place of Business 2441 SW 22MD ST MIAMI FL 33145 US		2441 SW 22ND ST MIAMI FL 33145 US				DO NOT WRITE	IN THIS SI	PACE	
						3. Date Incorporated or Qualifed 07/11/1990			
Principal Place of Business     1		2a. Mailing Address	2a. Mailing Address 26			4. FEI Number 65-0205361			plied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.75 A	
City & State		City & State	City & State			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	•
Zip	Country	Zip	Count	ry		This corporation owes the current Personal Property Tax.		gible	□No
24	25	29	30			10. Name and Address of New Reg			
	9. Name and Address of Cu	irrent Registered Agent	8	11	Name	10. Name and Address of New Act	JISTELEO A	30111	
KRAMER, ROBERT M ESQ. C/O KRAMER/GREEN & ZUCKERN		RMAN PA				me eet Address (P.O. Box Number is Not Acceptable)			
	HOLLYWOOD BLVD., SUITE		8	13					
HOLI	LYW000 P 33021		8	14	City		FL	85 Zip C	
11. Pursuant office or reagent. I as	LYW000 P 33021	.0502 and 607.1508, Florida Sta tate of Florida. Such change was bligations of, Section 607.0505, I	atutes, the abo s authorized b Florida Statute	ove-roy th	City named corporation	oration submits this statement for the pu on's board of directors. I hereby accept to	FL irpose of ch he appointr		
11. Pursuant office or reagent. I as	to the profisions of Sections 607 egistered about, or both, in the Sm familiar with and accept the of		tutes, the abo s authorized b Florida Statute	ove-r by th es.	named corporation	4-17-	FL irpose of ch he appointr		
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 supplementals trulal 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 receil, for 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 attact tent with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: \_

NAME

STREET ADDRESS

SIGN TURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #