## 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 #
1. Corporation Name M05336

(6)

ROY L. FEIFER, D.D.S., P.A.

Driveia d Diag	- 4 D	14.25		<del></del>		
Principal Place of Business Mailing Address					18810811 th aside disk tried price are	Timel gimti mimit mibit mibit mimit thin
7808 MARGATE BLVD. Margate, FL - 33063		7608 MARGATE BLVD. Margate, FL - 33063		DO NOT WRITE IN	TUIC COACE	
					3. Date Incorporated or Qualified	THIS SPACE
					09/18/1984	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26		59-2453997	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Commode of Status Desired	Fee Required	
City & State		City & State		6, Election Campaign Financing	\$5.00 May Be	
Zip	Country	<b>28</b>	Countr	<u> </u>	Trust Fund Contribution	Added to Fees
24	25	<del></del>	<del></del>	У	8. This corporation owes or has paid the	ne current year Intangible  X Yes  No
	g, Name and Address of Curre	nt Registered Agent	[30]		Personal Property Tax due June 30.  10. Name and Address of New Registr	
FI	EIF <b>ER</b> , ROY L.		61	Name		
7608 MARGATE BLVD. MARGATE FL 33063			-	2	(D. D. N	
			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
***	THIS TE TOO SE		83	3		
			<u></u>	1 04		
			84	City		FL 85 Zip Code
11. Purevant t	the provisions of Sections 607.050	02 and 607.1508, Florida Statut	tes, the abov	e-named co	proporation submits this statement for the purpo	ose of changing its registered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Fi	autnorized b Jorida Statute	by the corpor as.	ration's board of directors. I hereby accept the	e appointment as registered
SIGNATURE						
<del></del>	Signature, typed or printed name of registered ag			ent signature req		ATÉ
TITLE	D OFFICERS AN	VD DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	
NAME	•	T DECESE	1.1 TITLE			Change Addition
STREET ADDRESS	FEIFER, ROY L. 1445 NW 128TH DRIVE		1.2 NAME			
	CORAL SPRINGS FL			TADDRESS		
CITY-ST-ZIP TITLE	COMAL SPHINGS PL	DELETE	1.4 CITY-1	ST-ZIP		Change Addition
NAME			2.1 TITLE			Change Addition
STREET ADDRESS			2.2 NAME	*		
			1	TADDRESS		
TITLE		DELETE	2. 4 CiTY- 3.1 TiTLE	ST-ZiP		Change Addition
NAME			3.2 NAME			Change Addition
STREET ADDRESS			i	T 10000000		
CITY-ST-ZIP				T ADDRESS		
TITLE		DELETE	3.4. CITY- 4.1 TITLE	\$1-ZIP	P	☐ Change ☐ Addition
NAME		toward to provide the	4. 2 NAME			C change C woulder
STREET ADDRESS			4.3 STREET	i		
CITY-ST-ZIP			4.4 CITY - S			
TITLE		DELETE	4.4 UNIY - 8	51 - ZIF		Change Addition
NAME			5.2 NAME			City Cuange City With Italian
STREET ADDRESS			5.3 STREET	FADDRESS		
CITY-ST-ZIP			5.4 CITY - S			
TITLE		DELETE	61 TITLE	31-51F		Change Addition
NAME			62 NAME			El cumão El vanillati
STREET ADDRESS			6.3 STREET	ADDRESS		

CITY-ST-ZIP

6.4 CITY - ST - ZIP

14. 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.

**FILED** 

Jan 29 1998 8:00am

Secretary of State