SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNU	JAL REPORT 1997		Sandra B. Morthi Secretary of State DIVISION OF CORPORA		ate		Secretary of State			
	MENT # M267		(0)							
NUCLE	EAR ASSOCIATES OF BO	CA RATON,	P.A.				 	HAN BIÐIN BIÐIN	i Arahi Albii Alb	li Bibit 188)
5			A -1-1							
Principal Piace of Business 1500 N.W. 10TH AVENUE SUITE 205 BOCA RATON FL 33486		1500 N SUITE	Mailing Address 1500 N.W. 10TH AVENUE SUITE 205 BOCA RATON FL 33486				DO NOT WRITE IN THIS SPACE			
1							3. Date Incorporated or Qualified		te of Last Re	ı
	lace of Business	2a. Maili	2a. Mailing Address				01/28/1986 4. FEI Number		/17/1996	plied For
21	# =1=	26					59-2683154			t Applicable
Sulte, Apt.	#, GLC.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State	в	— <u> </u>	City & State				6. Election Campaign Financing		\$5.00	
Zip	Country	28 Zip		Coun	īſV		Trust Fund Contribution This corporation owes or has p	be cur	Added t	
24	25	29		30			Personal Property Tax due Jur	_	- ' -	No
	9, Name and Address of Cur	10. Name and Address of New F	legistered A	lgent						
POLLOCK, EDWARD 180 W. ROYAL PALM ROAD					1 Name		· · ·			
SUITE #1					2 Street	t Addre	ss (P.O. Box Number is Not Accepta	able)		i
BOCA RATON FL 33432					3					
					4 City				85 Zip (Code
11 Pursuant	to the provisions of Sections 607.0	1502 and 607 15	08. Florida Statute	es the abo	ve-namer	d corpo	eration submits this statement for the	FL purpose of	changing it	s registered
office or r	registered agent, or both, in the St. im familiar with, and accept the ob-	ate of Florida. Su ligations of, Sect	ch change was a tion 607.0505, Flo	ulhorized orida Statut	by the co	rporatio	oration submits this statement for the on's board of directors. I hereby acc	ept the appo	ointment as	registered
SIGNATURE										
12.	Signature, typed or printed name of registered OFFICERS	agent and title II applic AND DIRECTORS		: Registered A	igent signatur	requirec	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR	S IN 12
TITLE	PO		DELETE	1.1 TITL		T			☐ Change	Addition
NAME	POLLOCK, EDWARD			1.2 NAM	E					
STREET ADDRESS	180 W. ROYAL PALM RD, BOCA RATON FL	# 1		1	et address					
CITY-ST-ZIP	ST ST		DELETE	1.4 CITY 2.1 TITLE	- \$1 - ZIP	┿	····		Change	☐ Addition
NAME	FRAGER, MARC			2.2 NAM						
STREET ADDRESS	17088 NORTHWAY CIRCLI			2.3 STRE	ET AUDRESS					
CITY-ST-ZIP	BOCA RATON FL		DELETE	_	1-S1-ZIP	4			Change	Addition
TITLE NAME			□ DETER	3.1 TITLI 3.2 NAM					L Change	☐ Addition
STREET ADDRESS					et address					
CITY-ST-ZIP				3.4. CIT	/- ST - ZIP					
TITLE			DELETE	4.5 TITLE					Change	☐ Addition
NAME STREET ADDRESS				4.2 NAM	ie Et address					ĺ
CITY-ST-ZIP					-ST-ZIP					
TITLE			DELETE	5.1 TITL					Change	Addition
NAME				5.2 NAM						
STREET ADORESS					F1 ADDRESS	1				į
CITY-ST-ZIP TITLE			DELFTE	5.4 CITY 6.1 TITL	- \$1 - ZIP	+			Change	Addition
NAME				6.2 NAM					-	
STREET ADDRESS				6.3 STRE	ET ADDRESS					

14. I do 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 receive 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.

Aug 28 1997 8:00am