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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000012331 (4)

DALY, KLIBANOFF, PEEBLES & ZEITLIN, M.D.S. P.A.

FILED Feb 27 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address | | | | | | 11916 11969 (4196 1796) IISI 1 96 1 |
|---|--|--------------------------------|---------------------------|--|---|--|
| 33920 U.S. 19 NORTH 33920 U.S. 19 NORTH | | | | | | |
| PALM HARBOR FL 34684 | | PALM HARBOR FL 34684 | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | 3. Date Incorporated or Qualified | |
| | | | | | 12/16/1992 | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | ······································ | 4. FEI Number | Applied For |
| 21 | | 26 | | | 59-3155406 | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 City & State | | [27] | | · · · · · · · · · · · · · · · · · · · | Fee Required | |
| City & State | | <u></u> | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| Zip Country | | Z(p) Country | | Trust Fund Contribution | Added to Fees | |
| 24 | 25 29 30 | | - | , | This corporation owes or has paid the Personal Property Tax due June 30. | Current year Intangible |
| | 9. Name and Address of Curre | | 1301 | | 10. Name and Address of New Registers | |
| GO | OLD, AARON J | | 81 | Name | | |
| | 3 SWANN AVE. | | 82 Street Addre | | ddress (P.O. Box Number is Not Acceptable) | |
| | MPA FL 33606 | | 04 | STIEBL AG | idress (F.O. Box Number is Not Acceptable) | |
| | | | 83 | | | |
| | | | 84 | City | | 85 Zip Code |
| ! | | | | "" | | L " |
| 11. Pursuant t | to the provisions of Sections 607.050 | 02 and 607 1508, Florida Statu | tes, the abov | e-named co | propriation submits this statement for the purpose ration's board of directors. I hereby accept the a | e of changing its registered |
| agent. I a | rn familiar with, and accept the oblig | ations of, Section 607,0505, F | lorida Statute | y the corpor 8. | ration's board or directors. Thereby accept the a | appointment as registered |
| SIGNATURE | | | | | | |
| | Signature, typed or printed name of registered ag- | | | ent signature rec | quired when reinstaling) DATE | |
| 12. | D OFFICERS AN | ID DIRECTORS | 13. 1.1 TITLE | | ADDITIONS/CHANGES TO OFFICERS A | Change Addition |
| NAME | DALY, JOSEPH M M.D | breeze | | | | C) CHAING C) ADDRESS |
| STREET ADDRESS | 33920 US 19 N. SUITE 124 | | 1.2 NAME | *********** | | |
| CITY-ST-ZIP | PALM HARBOR FL | | | ADDRESS | | |
| TITLE | D DELETE | | 1.4 CITY - 1 2.1 TITLE | SI-ZIP | | Change Addition |
| NAME | KLIBANOFF, ALAN M | | 2.2 NAME | | | Lin ordings Lin received |
| STREET ADDRESS | 33920 US 19 N. SUITE 124 | | | ADDRESS | | |
| CITY-ST-ZIP | PALM HARBOR FL | | 2. 4 CITY- | | | |
| TITLE | D DELETE | | 3.1 TITLE | | | ☐ Change ☐ Addition |
| NAME | PEEBLES, MICHAEL M | | 3.2 NAME | | | |
| STREET ADDRESS | AAAAA IIA AA MARRIN AHIRRA AA | | 3.3 STREET | ADDRESS | | } |
| CITY-ST-ZIP | PALM HARBOR FL | | 3.4. CITY- | ST-ZIP | | |
| TITLE | D DELETE | | 4.1 TITLE | | | Change Addition |
| NAME | ZEITLIN, LAURENCE M | | 4. 2 NAME | | | |
| STREET ADDRESS | 33920 US 19 NORTH, SUITE | 124 | 4.3 STREE | ADDRESS | | |
| CITY-ST-ZIP | PALM HARBOR FL | | 4.4 CITY-5 | ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | [| | Change Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREE | ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY- 9 | ST-ZIP | | |
| TITLE | | ☐ DELETE | 6 1 TITLE | | | Change Addition |
| NAME | | | 62 NAME | | | |
| STREET ADDRESS | | | 63 STREET | | | |
| 0077 01 710 | | | 0.40170.4 | T 700 | | |

14. Thereby 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 altactment with an address.

817-785-7654