SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300000305 (1)

CSABA BARNABAS NEUSCH, M.D., P.A.

Principal Place of Business Malling Address
4101 N.W. 4TH STREET 4101 N.W. 4TH STREET SUITE 411 SUITE 411

FILED
Sep 17 1998 8:00am
Secretary of State



SUITE 411 PLANTATION FL 33317		SUITE 411 PLANTATION FL 33317		DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified 12/28/1992	
2. Principal F	Place of Business	2a. Mailing Address	at ct	4. FEI Number	Applied For
21		26 2273 SE	9 37 -	65-0378269	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ite	City & State 28 PompAwo Be	ach	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
2ip	Country 25	zip 3 30 6 2	Country 30 KL, SA	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible ☑ Yes ☑ No
	9. Name and Address of Curre			10. Name and Address of New Registered	Agent
WACHS, JEFFREY S 1177 SE THIRD AVENUE FORT LAUDERDALE FL 33316			81 Name		<u> </u>
			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
101	IL EVANCTIONES LE 00010		63		
			84 City		85 Zip Code
				F <u>L</u>	<u> </u>
agent. I SIGNATURE			rida Statutes. TE: Registered Agent signature req	pration submits this statement for the purpose of clion's board of directors. I hereby accept the appointment of the purpose of clion's board of directors. I hereby accept the appointment of the purpose of clions are the purpo	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	D DIRECTORS IN 12
TITLE	PSTD	DELETE	1,1 TITLE		Change Addition
NAME	NEUSCH, CSABA B		1.2 NAME		onungo ricercon
STREET ADDRESS	2273 SE 9TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33062		1.4 CITY-ST-ZIP		ı
TITLE		DELETE	2.1 TITLE		Change Addition
NAME	1	DLCE IE	2.2 NAME		Change Addition
STREET ADDRESS	1		2.3 STREET ADDRESS		
CITY-ST-ZIP]		2.4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Chara D Addison
NAME		[] nete ie	3.2 NAME		Change Addition
STREET ADDRESS	}		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	(Detere	4,2 NAME		Change Modition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		□ octete	5.2 NAME		Change C Applica
STREET ADDRESS	ŀ		5.3 STREET ADDRESS		
CITY-ST-ZIP	1		5.4 CiTY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME	1	[1] netere	6.2 NAME		L Change L Modition
STREET ADDRESS			6.3 STREET ADDRESS		
SINCEL AUUKESS	1				
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 of the receiver or toustee 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 the attention with an activess.

SIGNATURE:

9.8.98