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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000016775 (7)

DR. ADAM CHERRY, O.D. P.A.

FILED Mar 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
1272 N W 100 PLANTATION US		1272 NW 108TH AVE Plantaion FL 33322 US			DO NOT WRITE IN TI	, HIS SPACE
					3. Date Incorporated or Qualified 03/02/1993	
	lace of Business	2a. Mailing Addres	SS		4. FEI Number	Applied For
21	H ata	26	10		65-0395835	Not Applicable
Suite, Apt.		Suite, Apt. #, e	ic.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	try	8. This corporation owes or has paid the	
24	25 9. Name and Address of Curr	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
		ent negistered Agent		1 Name A		I OO NOON
	ERRY, ADAM 57 WALK CIRCLE			P	Idam Cherry	
	CA RATON FL 33433		8	Street Addr	ess (P.O. Box Number is Not Acceptable)	
1 50	OA NATON PE 33433		8	3 10 +0	1000 100 1700	
			Ĺ			
			16	CityDia.	Tation	FL 85 33321
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida	Statutes, the abo	ove-named corp		
office or r	egistered agent, or both, in the Sta	ate of Florida, Such change	e was authorized	by the corporati	poration submits this statement for the purposion's board of directors. I hereby accept the	appointment as registered
		, Section 607.00	JOS, FRONCIA GIAIGI	.00	3/1/9	8
SIGNATURE	Signature, typed or ported name of registered i	nger Canati dic il application	(NOTE Registered A	Agont signature requir	ed when reinstating) DA	Q
12.	OH ICERS A	ND DIM CTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	☐ DELE	T€ 1.1 TITU	E		Change Addition
NAME	CHERRY, ADAM		1.2 NAM	E		
STREET ADDRESS	1272 N W 108 AVE		1.3 STRI	ET ADDRESS		
CITY-ST-ZIP	PLANTATION FL			-ST-ZIP		Change Addition
TITLE		☐ DELE		l		Change Addition
NAME			2.2 NAV			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP TITLE		DELE		r-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME			3.1 HILD 3.2 NAW	l		CT Alsendo CT Manifoli
STREET ADDRESS				ET ADORESS		
				1-\$1-ZIP		
CITY-ST-ZIP TITLE		DELE				☐ Change ☐ Addition
NAME			4. 2 NAM			
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		DELF				Change Addition
NAME			5 2 NAM	ı		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		!
TOLE		DELL				☐ Change ☐ Addition
NAME			6.2 NAM	ı	•	
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on a stillar function with a racking.

SIGNATURE.

SIGNATURE:

914-572-9633