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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000017544**

MERVYN HURWITZ BDS PA

Principal Place	of Business	Mailing Address					
3015 BAYVIEW	DR	3015 BAYVIEW DR					
FT LAUDERDAL	E FL 33306	FT LAUDERDALE FL 33306		DO NOT	WRITE IN THIS	CDACE	
				3. Date Incorporated or Qua		- OF ACE	
	•			03/04/1993	allica		
- 51 :- 15		D. Mailles Address		4. FEI Number			pplied For
	ace of Business	2a. Mailing Address		65-0396696		 	ot Applicable
21		26		00 0090090			Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desi	red 🗌		equired
22		City & State					
City & State		⊢ ′		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23 Zin	Country		ountry	8. This corporation owes th	o current year In		
Zip	F	29 30	ranki y	Personal Property Tax.	e current year in	∑ Yes	□No
24	25 9. Name and Address of Current			10. Name and Address of	New Registered		
	9. Name and Address of Current	Registered Agent	81 Name			<u> </u>	
HUR	WITZ, MERVYN						
	BAYVIEW DR		82 Street Add	tress (P.O. Box Number is Not A	cceptable)		
	AUDERDALE FL 33306		83				
110	AODENDALE I E 00000		63			_	
	,		84 City		FL	85 Zip	Code
					or the bumbase of	r cnanging ii	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, the	above-named com	ion's board of directors. I hereby	accept the appo	intment as r	egistered
office or re	egictored agent or both in the State o	if Florida. Such channe was authorize	ed by the corporati	ion's board of directors. I hereby	accept the appo	intment as r	egistered
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such channe was authorize	ed by the corporati	ion's board of directors. I hereby	accept the appo	intment as r	egistered
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14. I hereby certify that the information supplied with this filling 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 significant shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAMÉ

☐ DELETE

FILED

May 04, 1999 8:00 am Secretary of State

05-04-1999 90083 026 ***150.00

☐ Addition