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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000028728

1. Corporation Name

BENITA HABER, D.C., P.A.

Mailine Address

## Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90033 025 \*\*\*150.00



Principal Place	of Business	Mailing Address						
3836 WEST HILLSBORO BLVD. 3836 WEST HILLSBORO BLV DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3344.								
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					<ol><li>Date Incorporated or Qualifed</li></ol>	_	İ	
		,			04/15/1993			
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	App	plied For	
21		26			65-0402249	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing S5.00 May Be			
23		28	28		Trust Fund Contribution			
Zip Country		Zip	Zip Country		8. This corporation owes the current year	r Intangible		
24	25	29 3	30		Personal Property Tax.	Yes	□No _	
	9. Name and Address of Cu				10. Name and Address of New Registe	red Agent		
			8	1 Name	•			
Dubrow Duker & Associates, P.A.				82 Street Address (P.O. Box Number is Not Acceptable)				
2840 UNIVERSITY DR.				Street	Address (F.O. Box Number is Not Acceptable)			
CORAL SPRINGS FL: 33065			Ē	83				
				4 City		FL 85 Zip (		
office or r	egistered agent, or both, in the St	0502 and 607.1508, Florida Statutes late of Florida. Such change was aut digations of, Section 607.0505, Florid	horized t	ov the comp	d corporation submits this statement for the purpos poration's board of directors. I hereby accept the a	e of changing its ppointment as re	registered gistered	
SIGNATURE	<u> </u>				required when reinstating) DAT			
				gent signature i	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICER:		PS IN 12	
12.		AND DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFICER	Change	Addition	
TITLE				="				
NAME	HABER, BENITA		1.2 NAM					
STREET ADDRESS			1	EET ADDRESS		•	Ì	
CITY-ST-ZIP	DEERFIELD BEACH FL			-ST-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	2.1 TITL	_		Change	☐ Addition	
NAME			2.2 NAM	_			]	
STREET ADDRESS			2.3 STRI	EET ADDRESS	5		ſ	
CITY-ST-ZIP			2.4 CITY				- Addition	
TITLE		☐ DELETE	3.1 TITL	Ξ		Change	☐ Addition	
NAME			3.2 NAM	E				

6.4 CITY-ST-ZIP CITY-ST-78P 14. I 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 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 attachment with an address, with all other like empowered.

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NAME

DELETE

□ DELETE

☐ DELETE

954-421-2*355* 

Change

☐ Change

☐ Change

☐ Addition

[ Addition

☐ Addition